FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL								
	OMB Number:	3235-0287							
	Estimated average b	urden							
- 1	l .								

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Curet Myriam				IN	<u>INTUITIVE SURGICAL INC</u> [ ISRG ]								(Cnec	k all appli Directo	,		10% Ov	vner			
					- 📙									X		(give title		Other (s	pecify		
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 02/26/2023								21	below)			below)			
1020 KII	FER ROAD	)			02/	20/20	J23							EVP & Chief Medical Officer				r			
(Street)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
SUNNY	VALE C	A	94086												X Form filed by One Reporting Person						
					.									Form filed by More than One Reporting					rting		
(City)	(S	tate)	(Zip)												Perso	1					
		Tab	la I Na	David	4!	0	!4!			D:-		-f D-		: - II	<u> </u>						
			ie i - No			_			quirea	, DIS	<del>.                                      </del>	of, or Be			Owned	1					
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				r) E	2A. Deemed Execution Date, if any		Transaction Disp		4. Securit Disposed	4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4			5. Amou Securiti Benefici	es ally	Form (D) o	n: Direct r Indirect	7. Nature of Indirect Beneficial				
						(Month/Day/Year)		) 8)				Owned F Reporte		Following (I)			Ownership (Instr. 4)				
								Code	۱v	Amount	(A) or (D)	Pric	В	Transaction(s) (Instr. 3 and 4)							
Common Stock 02/26/2					/2023	2023		<b>M</b> <sup>(1)</sup>		1,710 A		\$	0.0	2,	2,037		D				
Common Stock 02/26/2					/2023				F <sup>(1)</sup>		592 D \$2		\$23	1.05	1,445			D			
		T	able II -									, or Ben			wned						
				(e.g., p	uts,	calls	, wa	rrants	, optio	ns, d	converti	ble secu	uritie	s)							
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	n Date,	4. Transa Code (I 8)		on of E		6. Date Exercisa Expiration Date (Month/Day/Yea		Amount o		f g Secur nd 4)	ity D S	B. Price of Derivative Security Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Date		Expiration		Amou or Numb of								
					Code	٧	(A)	(D)	Exercisal		Date	Title	Share	s							
Restricted Stock	\$0.0	02/26/2023			M			1,710	(2)		02/26/2025	Common Stock	1,71	0	\$0.0	3,420		D			

## **Explanation of Responses:**

- 1. RSUs vest 25% per year over a four year period, commencing on the first anniversary of the grant date. RSUs convert into common stock on the vest date on a one-for-one basis. 25 % of the shares have been released and a portion of the shares were held back to cover the statutory tax withholding requirements. The net shares were deposited into the holders account.
- 2. Each RSU granted represents a contingent right to receive one share of Intuitive Surgical common stock. The grant vests 25% on the first anniversary of the date of grant and annually thereafter, over a four year period.

By: Donna Spinola For: Myriam Curet

02/27/2023

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- \* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.