FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | | |

0.5

hours per response:

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

| | | | | | | | | (| , 0 | | | | ipariy Act | | | | | | | | | |
|--|--|--------------|------|----------------------------------|---|---|---|---|---|---|--|---------|----------------------|---------------------|---|---|--|--|--|------|--|------------|
| 1. Name and Address of Reporting Person * $\overline{BARNES~SUSAN~K}$ | | | | | 2. Issuer Name and Ticker or Trading Symbol INTUITIVE SURGICAL INC [ISRG] | | | | | | | | | | | k all app Dired | nship of Reporting P I applicable) Director Officer (give title pelow) | | 10% C | wner | | |
| (Last) (First) (Middle) | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/31/2004 | | | | | | | | | | X | | | | Other (specify below) | | | |
| (Street) SUNNYV | | CA (State | | 04086 Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 3. Indiv _ine) X | Forn Forn | al or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | | | |
| Dat | | | Date | ransaction e nth/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | I (A) o | 4 and Se Be Ov | | 5. Amount of Securities Beneficially Owned Following | | Ownership m: Direct or Indirect Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | | | | | Code | v | Amount | | (A) or (D) | Pric | e | | ted action(s) 3 and 4) | | | (Instr. 4) |
| Common Stock ⁽¹⁾ 07/3 | | | | 07/31 | /2004 | 2004 07/31/2004 | | 004 | A | | 402 | A \$ | | \$1 | 0.9 | 102,967 | | | D | | | |
| Common Stock ⁽²⁾ | | | | 11/08 | /2004 | | 11/08/2004 | | G | V | 400 | | D | \$0.00 | | 10 | 102,567 | | D | | | |
| Common Stock ⁽³⁾ | | | | 11/08 | 8/2004 | | 11/08/2004 | | G | V | 600 | | D \$0.0 | | 0.00 | 101,967 | | | D | | | |
| Common Stock ⁽⁴⁾ 11/08 | | | | 3/2004 | 2004 11/08/2004 | | 004 | G | V | 500 | | D | \$0 | \$0.00 | | 101,467 | | D | | | | |
| | | | Та | ble II - [) | | | | | | | | | sed of, onvertib | | | | | wned | | | | |
| 1. Title of Derivative Security (Instr. 3) | rivative Conversion Date Execution Date curity or Exercise (Month/Day/Year) if any | | | Date, ny/Year) | 4. Transa Code (8) | | on of Service (Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Es Expiration (Month/Da Date Exercisals | : | Amount of Securities Underlying Derivative Security (Instr. and 4) | | ount | Deri Sec (Ins | rice of ivative urity tr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | , | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |

Explanation of Responses:

- 1. Purchase made pursuant to the 2000 Employee Stock Purchase Plan
- 2. Gift of shares to Crystal Springs Uplands High School
- 3. Gift of shares to The Nueva School
- 4. Gift of shares to Bryn Mawr College

Remarks:

/S/ Susan Barnes

11/09/2004

** Signature of Reporting Person

Doto

 $\label{lem:Remodel} \textbf{Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.}$

- * 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.