SEC Form 4	
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## FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

## 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 hours per response: 0.5

Filed pursuant to	Section 16	6(a) of the	Securities	Exchange A	Act of '	1934

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1. Name and Address of Reporting Person* Reed Monica P						2. Issuer Name and Ticker or Trading Symbol INTUITIVE SURGICAL INC [ ISRG ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>Reed Monica P</u>															X Direct	or		10% Ov	vner		
(Last) (First) (Middle)							3. Date of Earliest Transaction (Month/Day/Year) 04/25/2024									Office	r (give title )		Other (s below)	specify	
1020 KIFER ROAD						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)					-											X Form filed by One Reporting Person					
SUNNY	VALE C	ZA .	94086													Form filed by More than One Reporting Person					
(City)	(	State)	(Zip)		Rı	ule	10b5	5-1(c	:) T	ransa	acti	on Inc	dica	ation							
	Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.									ed to											
		Tabl	le I - Noi	n-Deriv	vative	) Se	curiti	es Ac	cqu	iired, C	Disp	osed o	of, c	or Ben	eficia	ly Owne	d		4		
1. Title of Security (Instr. 3) Date (Month/D						Execution Date		e, Transaction Dispos Code (Instr. 5)		Dispose	urities Acquired (A) o sed Of (D) (Instr. 3, 4 a			Benefici Owned I	es Formially (D) Following (I) (I		r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
										Code	/	Amount		(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock			04/25	5/2024	/2024 M 569 A					\$ <mark>0.0</mark>	1,	606		D							
		Т		Deriva (e.g., p												Owned					
1. Title of Derivative Security (Instr. 3) 2. 3. Transaction Date 3A. Deemed Execution Date   0 Exercise Price of Derivative Security 3. Transaction Date 3A. Deemed Execution Date   (Month/Day/Year) if any (Month/Day/Year)					4. Transa Code ( 8)		tion of E		Exp	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		4)	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	s Ily I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Dat	te ercisable		cpiration ate	Title	0 N 0	umber						

(1)

(1)

Explanation of Responses: 1. 100% of the RSUs shall vest on the earlier of the one year anniversary of the date of grant or the next Annual Meeting of Stockholders, subject to the Reporting Person's continued service.

\$<mark>0.0</mark>

\$<mark>0.0</mark>

Restricted

Restricted

Stock Units

Stock Units

By: Donna Spinola For: Reed,

569

739

\$<mark>0.0</mark>

\$<mark>0.0</mark>

0

739

04/26/2024

D

D

Monica P.

Commor

Stock

Commor

Stock

(1)

(1)

\*\* 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).

04/25/2024

04/25/2024

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

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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.

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