SEC Form 4

FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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	OMB APPROVAL								
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	hours per response:	0.5							

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

1. Name and Address of Reporting Person [*] <u>DeSantis Robert</u>							2. Issuer Name and Ticker or Trading Symbol <u>INTUITIVE SURGICAL INC</u> [ISRG]									cable) or	ng Per	son(s) to Iss 10% O	wner
(Last) (First) (Middle) 1020 KIFER ROAD						3. Date of Earliest Transaction (Month/Day/Year) 02/29/2024									below	Officer (give title below) EVP & Chief St		Other (below) y & Corp	
(Street) SUNNYVALE CA 94086					_ 4. li	f Ame	ndme	nt, Date	of Origin	al File	d (Month/D		6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City) (State) (Zip)						Rule 10b5-1(c) Transaction Indication 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.													
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					action	ction 2A. Deemed Execution Date,			3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			I (A) or	5) 5. Amou Securiti Benefic Owned	unt of es ially Following	Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount		(A) or (D)	Price		ted action(s) 3 and 4)			(Instr. 4)
Common Stock 02/29/2						2024			M ⁽¹⁾		2,172		А	\$ <mark>0.0</mark>	11	11,271		D	
Common Stock 02/29/2						2024					1,003		D	\$386.:	59 10	10,268		D	
Common Stock 02/29/2					/2024	2024					1,504		Α	\$0.0	11	11,772		D	
Common Stock 02/29/2					/2024				F ⁽¹⁾		697		D	\$386.:	59 11	11,075		D	
		r	able II -						· · ·		oosed of converti				/ Owned				
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/D	n Date,	4. Transa Code (8)		of Der Sec Acq (A) Disj	posed D) tr. 3, 4	6. Date I Expiratio (Month/I	on Dat		or Nun of		Security	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 Ownershi (Instr. 4)
				c	Code	v	(A)	(D)	Date Exercisa		Expiration Date			Number					
Restricted Stock	\$0.0	02/29/2024			М		2,172		(2)		02/28/2024		nmon tock	2,172	\$0.0	0		D	

Explanation of Responses:

\$<mark>0.0</mark>

Units Restricted

Stock

Units

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)

02/28/2026

1,504

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:
<u>by. Donna Spinola Por.</u>
DeSantis, Robert
DeSantis, Robert

1,504

Stock

\$<mark>0.0</mark>

02/29/2024

3,007

D

** 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).

02/29/2024

** 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.