FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OMB APPROVAL OMB Number: 3235

	027								
WNERSHIP	OMB Number:	3235-0287							
WINEINSTIII	Estimated average I	Estimated average burden							
	hours per response:	0.5							

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

1. Name and Address of Reporting Person* SMITH LONNIE M						2. Issuer Name and Ticker or Trading Symbol INTUITIVE SURGICAL INC [ISRG]											ip of Reporting Perso plicable) ctor		rson(s) to Issuer 10% Owner	
(Last) 950 KIFE	(Fi	rst) (Middle)			3. Date of Earliest Transaction 08/26/2010					tion (Month/Day/Year)					Office	er (give title v)		Other (specify below)	
(Street) SUNNYV			94086 		4. If	4. If Amendment, Date of Origin					inal Filed (Month/Day/Year)					Form	or Joint/Group Filing (Check Applicable in filed by One Reporting Person in filed by More than One Reporting son			
		Tabl	e I - Nor	n-Deriv	ative	Sec	curitie	s Acc	quired,	Dis	posed o	f, or	Bene	ficia	ally C	Owne	ed			
1. Title of Security (Instr. 3) 2. Transar Date (Month/D					Execution Date,		Code	Transaction Disposed Of Code (Instr. 5)			ies Acquired (A) or Of (D) (Instr. 3, 4 an					6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) or (D)		Price	·	Transaction(s) (Instr. 3 and 4)				(111511.4)
Common Stock 08/26/				6/2010	2010		G		88	88 D		\$()	411,593		D				
Common Stock 08/26/					6/2010	2010			G		88	88 D		\$()	411,505		D		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Execution Date, if any		4. Transaction Code (Instr. 8)		of		Expiration	5. Date Exercisable and Expiration Date Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)			vative contribution of the	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(: (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	hip D) ect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amo or Num of Shar	ber						

Explanation of Responses:

/s/ Lonnie M. Smith

09/14/2010

** 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.