

INTUITIVE SURGICAL INC  
 Form 4/A  
 April 25, 2016

**FORM 4**

**UNITED STATES SECURITIES AND EXCHANGE COMMISSION  
 Washington, D.C. 20549**

OMB APPROVAL

OMB Number: 3235-0287  
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person \*  
**BARRATT CRAIG H**

2. Issuer Name and Ticker or Trading Symbol  
**INTUITIVE SURGICAL INC  
 [ISRG]**

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)  
**1020 KIFER ROAD**  
 (Street)

3. Date of Earliest Transaction (Month/Day/Year)  
**04/21/2016**

Director  10% Owner  
 Officer (give title below)  Other (specify below)  
**Board of Director**

**SUNNYVALE, CA 94086**  
 (City) (State) (Zip)

4. If Amendment, Date Original Filed(Month/Day/Year)  
**04/22/2016**

6. Individual or Joint/Group Filing(Check Applicable Line)  
 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**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
				(A) or (D) Price			
Common Stock	04/21/2016 <sup>(1)</sup>		M	460 A \$ 0	1,814	I	by Trust

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

**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 control number.**

SEC 1474 (9-02)

**Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	Amount or Number of Shares
Non-Qualified Stock Option (right to buy)	\$ 641.91	04/21/2016		A	327	(2) 04/21/2026	Common Stock	327
Restricted Stock Units	\$ 0	04/21/2016		M	460	(3) 04/23/2019	Common Stock	460
Restricted Stock Units	\$ 0	04/21/2016		A	327	(3) 04/21/2020	Common Stock	327

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
BARRATT CRAIG H 1020 KIFER ROAD SUNNYVALE, CA 94086	X			Board of Director

## Signatures

By: Lori Serrano For: Craig H Barratt 04/25/2016

\_\_Signature of Reporting Person Date

## Explanation of Responses:

- \* 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).
- (1) As approved by the Issuers Board of Directors on January 28, 2016, these RSUs vested on April 21, 2016, the date of the Issuer's annual stockholders meeting, which fell two days earlier than the first anniversary of the date of grant.
  - (2) Options will vest 100% on the earlier of the first anniversary of the date of grant or the date of the next annual stockholders meeting.
  - (3) The RSUs fully vest on the earlier of the first anniversary of the date of grant or the date of the next annual stockholders meeting.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.