

INTUITIVE SURGICAL INC
Form 3
October 28, 2013

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0104
Expires: January 31, 2005
Estimated average burden hours per response... 0.5

INITIAL STATEMENT OF 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 *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â Morales Colin		(Month/Day/Year)	INTUITIVE SURGICAL INC [ISRG]	
(Last)	(First)	(Middle)	4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
		10/24/2013		
1266 KIFER ROAD			(Check all applicable)	6. Individual or Joint/Group Filing(Check Applicable Line)
	(Street)		<input type="checkbox"/> Director <input type="checkbox"/> 10% Owner	<input checked="" type="checkbox"/> Form filed by One Reporting Person
SUNNYVALE,Â CAÂ 94086			<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other	<input type="checkbox"/> Form filed by More than One Reporting Person
(City)	(State)	(Zip)	(give title below)	(specify below)
			SVP Customer Support Group	

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	124	D	Â

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

SEC 1473 (7-02)

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.

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	

Edgar Filing: INTUITIVE SURGICAL INC - Form 3

				Shares		(I) (Instr. 5)	
Non-Qualified Stock Option (right to buy)	Â (1)	02/17/2019	Common Stock	11,000	\$ 107.27	D	Â
Non-Qualified Stock Option (right to buy)	Â (1)	02/15/2018	Common Stock	10,000	\$ 303.27	D	Â
Non-Qualified Stock Option (right to buy)	Â (1)	02/16/2020	Common Stock	15,000	\$ 334.3	D	Â
Non-Qualified Stock Option (right to buy)	Â (1)	02/15/2021	Common Stock	14,000	\$ 341.19	D	Â
Non-Qualified Stock Option (right to buy)	Â (2)	08/15/2023	Common Stock	7,750	\$ 383.73	D	Â
Non-Qualified Stock Option (right to buy)	Â (1)	02/15/2022	Common Stock	6,500	\$ 505.23	D	Â
Non-Qualified Stock Option (right to buy)	Â (2)	08/15/2022	Common Stock	6,500	\$ 517.31	D	Â
Non-Qualified Stock Option (right to buy)	Â (1)	02/15/2023	Common Stock	5,250	\$ 569.21	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Morales Colin 1266 KIFER ROAD SUNNYVALE, CA 94086	Â	Â	Â SVP Customer Support Group	Â

Signatures

By: Lori Serrano For: Colin Morales
Date: 10/28/2013

__Signature of Reporting Person Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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) Non-statutory stock option granted pursuant to the 2000 Employee Stock Option Plan. The option vests 1/8th six months after the date of grant and 1/48th monthly thereafter.
 - (2) Non-statutory stock option granted pursuant to the 2010 Employee Stock Option Plan. Option shall vest 7/48 one month after the date of grant and 1/48th each month thereafter.

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.