### Edgar Filing: INTUITIVE SURGICAL INC - Form 3

#### INTUITIVE SURGICAL INC

Form 3

March 21, 2006

## FORM 3

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

OMB

3235-0104

0.5

milgion, D.C. 2034)

Number: January 31, 2005

**OMB APPROVAL** 

Estimated average burden hours per

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, response...
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 2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol Person \* Statement INTUITIVE SURGICAL INC [ISRG] MOHR MARSHALL (Month/Day/Year) 03/16/2006 (Last) (First) (Middle) 4. Relationship of Reporting 5. If Amendment, Date Original Person(s) to Issuer Filed(Month/Day/Year) INTUITIVE SURGICAL (Check all applicable) INC, 950 KIFER ROAD (Street) 6. Individual or Joint/Group 10% Owner Director \_X\_\_ Officer \_ Other Filing(Check Applicable Line) (give title below) (specify below) \_X\_ Form filed by One Reporting **CFO** Person

SUNNYVALE, CAÂ 94086

(State)

Table I - Non-Derivative Securities Beneficially Owned

1.Title of Security (Instr. 4)

(City)

2. Amount of Securities Beneficially Owned (Instr. 4)

3.
Ownership
Form:
Direct (D)

4. Nature of Indirect Beneficial Ownership

Reporting Person

Form filed by More than One

Form: (Instr. 5)
Direct (D)
or Indirect
(I)
(Instr. 5)

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

(Zip)

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	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	· ·	Amount or Number of Shares	Derivative Security	Security: Direct (D) or Indirect (I)	

(Instr. 5)

### **Reporting Owners**

Reporting Owner Name / Address

Director 10% Owner Officer Other

MOHR MARSHALL
INTUITIVE SURGICAL INC 950 KIFER ROAD
SUNNYVALE, CAÂ 94086

### **Signatures**

/s/ Marshall
Mohr

\*\*Signature of Reporting Person

Date

## **Explanation of Responses:**

No securities are beneficially owned

- \* 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).

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.

Reporting Owners 2