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Form 4 May 04, 20 FORN Check t if no los subject Section Form 4 Form 5 obligati may con <i>See</i> Inst 1(b).	M 4 this box nger to 16. or ons ntinue. truction STATEN STATEN Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten Staten State	STATES MENT OI rsuant to S (a) of the J	Wa F CHAN Section Public U	NGES I SEC 16(a) of Jtility H	on IN UI f th Iol	, D.C. 2 BENEI RITIES ne Secur Iding Co	0549 FICI ities mpa	AL OWN Exchange	OMMISSION ERSHIP OF Act of 1934, 1935 or Section	OMB Number: Expires: Estimated a burden hour response	•	
(Print or Type	e Responses)											
	Address of Reporting EORGE JR	Person <u>*</u>	Symbol	TIVE S		d Ticker o RGICAI			5. Relationship of I Issuer (Check	Reporting Perso all applicable)		
(Month/I			nth/Dav/Year)					_X_ Director Officer (give ti below)	ve title Other (specify below)			
				Applical _X_For					Applicable Line) _X_ Form filed by Or Form filed by Mo	orm filed by One Reporting Person orm filed by More than One Reporting		
(City)	(State)	(Zip)	Tab	ole I - No	on-]	Derivativ	e Seci		ired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year)			3. 4. Securities Acquired (A) Transactionor Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or				(D)	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)	
Common Stock	05/03/2016			Code M	V	Amount 1,212	(D) A	Price \$ 357.19		D		
Common Stock	05/03/2016			S		1,212	D	\$ 618.6989 (<u>1)</u>	9 814	D		
Common Stock	05/03/2016			М		2,500	А	\$ 579.24	3,314	D		
Common Stock	05/03/2016			S		2,500	D	\$ 618.6989 (1)	9 814	D		
	05/03/2016			М		744	А	\$ 512.77	1,558	D		

Common Stock							
Common Stock	05/03/2016	S	744	D	\$ 618.6989 (1)	814	D
Common Stock	05/03/2016	М	1,063	А	\$ 371.32	1,877	D
Common Stock	05/03/2016	S	1,063	D	\$ 618.6989 (1)	814	D
Common Stock	05/03/2016	М	2,125	А	\$ 483.8	2,939	D
Common Stock	05/03/2016	S	2,125	D	\$ 618.6989 (1)	814	D

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.

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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. Number on f Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exer Expiration D (Month/Day/	ate	7. Title and Amour Underlying Securit (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amoun or Numbe of Shares
Non-Qualified Stock Option (right to buy)	\$ 357.19	05/03/2016		М	1,212	(2)	04/21/2021	Common Stock	1,21
Non-Qualified Stock Option (right to buy)	\$ 371.32	05/03/2016		М	1,063	(2)	04/24/2024	Common Stock	1,06
Non-Qualified Stock Option (right to buy)	\$ 483.8	05/03/2016		М	2,125	(2)	04/25/2023	Common Stock	2,12

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Non-Qualified Stock Option (right to buy)	\$ 512.77	05/03/2016	М	744	(2)	04/23/2025	Common Stock	744
Non-Qualified Stock Option (right to buy)	\$ 579.24	05/03/2016	М	2,500	(2)	04/19/2022	Common Stock	2,50

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
STALK GEORGE JR 1020 KIFER ROAD SUNNYVALE, CA 94086	Х						
Signatures							
By: Lori Serrano For: George Stalk		05/04/2016					
<u>**</u> Signature of Reporting Person		Date					
Explanation of Pa	enon	0001					

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).
- The average selling price for the transactions was 618.698939 The shares sold at: 615.00 615.99 = 400 shares; 616.00 6616.99 = 1200 shares; 617.00 6616.99 = 1250 shares; 617.00 6616.99 = 1250 shares; 617.00 6616.99 = 1250 shares; 619.00 6616.99 = 1250
- (1) 700 shares; \$617.00 \$617.99 = 1,350 shares; \$618.00 to \$618.99 = 1,250 shares; \$619.00 \$619.99 = 415 shares; \$620.00 \$620.99 = 3,529 shares.
- (2) Non-statutory stock option granted pursuant to the Non-Employee Directors' Stock Option Plan. Option shall vest 100% one year after the date of grant date.

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.