#### INTUITIVE SURGICAL INC

Form 4

February 05, 2016

# FORM 4

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

OMB 3235-0287 Number:

Check this box if no longer subject to Section 16.

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

January 31, Expires: 2005

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**OMB APPROVAL** 

Form 4 or Form 5 obligations may continue.

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

burden hours per response...

Estimated average

30(h) of the Investment Company Act of 1940 See Instruction 1(b).

(Print or Type Responses)

1020 KIFER ROAD

1. Name and Address of Reporting Person \*

Myriam Curet

2. Issuer Name and Ticker or Trading

Symbol

INTUITIVE SURGICAL INC

[ISRG]

(Last) (First) (Middle)

3. Date of Earliest Transaction

(Month/Day/Year) 02/04/2016

(Street)

(Zip)

Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to

Issuer

(Check all applicable)

Director 10% Owner

\_X\_\_ Officer (give title \_\_X\_\_ Other (specify below) below)

SVP & Chief Medical Officer / SVP & Chief

Medical Officer

4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check

Applicable Line)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

Person

Table I. Non-Derivative Securities Acquired Disposed of or Reneficially Owned

SUNNYVALE, CA 94086

(State)

(City)

•		1 abi	C I - MOII-L	envanve	Secui	nues Acqu	n cu, Disposcu oi	, or belieficiali	y Owned
1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securi	ties A	cquired	5. Amount of	6.	7. Nature of
Security	(Month/Day/Year)	Execution Date, if	Transactio	on(A) or Di	ispose	d of (D)	Securities	Ownership	Indirect
(Instr. 3)		any	Code	(Instr. 3,	4 and	5)	Beneficially	Form: Direct	Beneficial
		(Month/Day/Year)	(Instr. 8)				Owned	(D) or	Ownership
							Following	Indirect (I)	(Instr. 4)
					(4)		Reported	(Instr. 4)	
					(A)		Transaction(s)		
			Code V	Amount	or (D)	Price	(Instr. 3 and 4)		
C			Code v	Amount	(D)	σ Filee			
Common	02/04/2016		M	2,000	Α	\$	2,163	D	
Stock				_,		341.19	_,_,_		
Common				2,000					
	02/04/2016		S	2,000	D	\$ 551	163	D	
Stock				(1)					

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

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# 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. 5. Number Transaction Derivative Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount Underlying Securitie (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amour or Number of Shares
Non-Qualified Stock Option (right to buy)	\$ 341.19	02/04/2016		M	2,000	(2)	02/15/2021	Common Stock	2,00

# **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Myriam Curet 1020 KIFER ROAD SUNNYVALE, CA 94086

SVP & Chief Medical Officer SVP & Chief Medical Officer

## **Signatures**

By: Lori Serrano For: Myriam
Curet
02/05/2016

\*\*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) These options were exercised and the underlying shares sold pursuant to a 10b5-1 trading plan adopted by the reporting person on April 27, 2015.
- (2) Non-statutory stock option granted pursuant to the 2010 Employee Stock Option Plan. The option vests 1/8th six months after the date of grant and 1/48th monthly 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.

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