INTUITIVE SURGICAL INC

Form 4 May 09, 2008

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

3235-0287

Expires:

January 31, 2005

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response...

if no longer subject to Section 16. Form 4 or Form 5

Check this box

obligations may continue. See Instruction

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

1(b).

(Last)

950 KIFER ROAD

(Print or Type Responses)

1. Name and Address of Reporting Person * **SMITH LONNIE M**

(First)

(Street)

2. Issuer Name and Ticker or Trading

Issuer

Symbol

INTUITIVE SURGICAL INC

(Check all applicable)

5. Relationship of Reporting Person(s) to

[ISRG]

(Middle)

3. Date of Earliest Transaction

4. If Amendment, Date Original

_X__ Director X_ Officer (give title

10% Owner Other (specify

(Month/Day/Year)

05/06/2008

below) below) **CEO**

6. Individual or Joint/Group Filing(Check

Applicable Line)

Filed(Month/Day/Year)

X Form filed by One Reporting Person Form filed by More than One Reporting

Person

SUNNYVALE, CA 94086

(City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of Security (Instr. 3)

(Month/Day/Year) Execution Date, if

2. Transaction Date 2A. Deemed (Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 3, 4 and 5) (Instr. 8)

5. Amount of Securities Beneficially Owned Following Reported

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect (I) (Instr. 4)

Beneficial Ownership (Instr. 4)

(9-02)

(A) or

(D)

Transaction(s)

(Instr. 3 and 4) Price

Common Stock

05/06/2008

Code V Amount G 85

D \$0 402,300

D

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

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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 | 2. Conversion | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if | 4. Transact | 5. iorNumber | 6. Date Exercises Expiration D | | 7. Tit | | 8. Price of Derivative | 9. Nu Deriv |
|------------------------|------------------|--------------------------------------|-------------------------------|----------------|-----------------|--------------------------------|------------|--------|--------------|------------------------|----------------|
| Security | or Exercise | | any | Code | of | (Month/Day/ | Year) | Unde | rlying | Security | Secui |
| (Instr. 3) | Price of | | (Month/Day/Year) | (Instr. 8) | Derivativ | e | , | Secur | , , | (Instr. 5) | Bene |
| | Derivative | | , , | , , | Securities | 3 | | (Instr | . 3 and 4) | | Own |
| | Security | | | | Acquired | | | | , | | Follo |
| | | | | | (A) or | | | | | | Repo |
| | | | | | Disposed | | | | | | Trans |
| | | | | | of (D) | | | | | | (Instr |
| | | | | | (Instr. 3, | | | | | | ` |
| | | | | | 4, and 5) | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | Amount | | |
| | | | | | | Date | Expiration | Tr'.1 | or | | |
| | | | | | | Exercisable | Date | Title | Number of | | |
| | | | | Codo V | (A) (D) | | | | Shares | | |
| | | | | Code v | (A) (D) | | | | Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--------------------------------|---------------|-----------|---------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| SMITH LONNIE M | | | | | | | |
| 950 KIFER ROAD | X | | CEO | | | | |
| SUNNYVALE, CA 94086 | | | | | | | |

Signatures

Lonnie M Smith 05/09/2008

**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).

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