### Edgar Filing: INTUITIVE SURGICAL INC - Form 4

INTUITIVE S Form 4 April 21, 2017	SURGICAL INC									
FORM	Δ							-	PPROVAL	
	UNITED S	TATES SECUR Was	ITIES AI hington, l			NGE (	COMMISSION	OMB Number:	3235-0287	
Check this if no longe subject to Section 16 Form 4 or Form 5	GES IN BENEFICIAL OWNERSHIP O SECURITIES 5(a) of the Securities Exchange Act of 1934					Expires: January 31 2005 Estimated average burden hours per response 0.5				
obligations may contin <i>See</i> Instruct 1(b).	s Section 17(a)	) of the Public Ut 30(h) of the In	ility Hold	ing Com	pany	Act o	f 1935 or Sectio	n		
(Print or Type Re	esponses)									
1. Name and Ad Johnson Ama	ldress of Reporting Po al M	Symbol	Name and T			g	5. Relationship of Issuer (Chec	Reporting Per		
(Last) 1020 KIFER	, , , , , , , , , , , , , , , , , , ,	iddle) 3. Date of (Month/D 04/20/20	-	insaction			X Director Officer (give below)		b Owner er (specify	
	(Street)	· · · · · · · · · · · · · · · · · · ·			ndment, Date Original th/Day/Year)			<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> </ul>		
SUNNYVAL	LE, CA 94086							Aore than One Re		
(City)	(State) (Z	Zip) Table	e I - Non-De	erivative S	ecuri	ties Ac	quired, Disposed of	f, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		Disposed (Instr. 3,	(A) o of (D 4 and (A) or	) 5)	Beneficially	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial	
Common Stock	04/20/2017		Code V M	327	(D) A	Price \$ 0 (1)	2,787	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. Transactic Code (Instr. 8)	5. Number on of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exer Expiration I (Month/Day	Date	7. Title and Underlying (Instr. 3 and	Securitie
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amour or Numbe of Shares
Non-Qualified Stock Option (right to buy)	\$ 814.45	04/20/2017		А	515	(2)	04/20/2027	Common Stock	515
Restricted Stock Units	\$ 0	04/20/2017		А	171	(3)	02/21/2018	Common Stock	171
Restricted Stock Units	\$ 0	04/20/2017		М	327	(3)	04/21/2020	Common Stock	327

#### Edgar Filing: INTUITIVE SURGICAL INC - Form 4

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships					
I. S.	Director	10% Owner	Officer	Other		
Johnson Amal M 1020 KIFER ROAD SUNNYVALE, CA 94086	Х					
Signaturas						

### Signatures

Amal M.	
Johnson	04/21/2017
<u>**</u> 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 shares were acquired from the vest and release of an RSU grant previously issued to the Filer.

Non-statutory stock option granted pursuant to the Non-Employee Directors' Stock Option Plan. Option shall vest 100% one year after the(2) date of grant or at the next Shareholders Meeting, whichever should take place first, provided that vesting will cease on termination of the Directors service to the Company.

(3) 100% of the grant will vest on the anniversary date of the grant or the next Annual Shareholders Meeting, whichever takes place first, provided however that vesting will cease on termination of the Director's service to the company.

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.