Johnson Amal M

Form 3 April 21, 201	0										
FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Weshington D.C. 20540								ION	OMB APPROVAL		
Washington, D.C. 20549								OMB Number:	3235-	0104	
	Π	NITIAL S	TATEMENT O			OWNERSH	HP OF	•	Expires:	Janua	-
SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,									Estimated average burden hours per		
		n 17(a) of	the Public Utility (h) of the Invest	y Holdiı	ng Company	Act of 193			response		0.5
(Print or Type R	esponses)										
1. Name and Address of Reporting Person <u>*</u> Johnson Amal M			Statement (Month/Day/Year)		3. Issuer Name and Ticker or Trading Syn INTUITIVE SURGICAL INC [IS]						
(Last)	(First)	(Middle)	04/21/2010					5. If Amendment, Date Original Filed(Month/Day/Year)			
950 KIFER I	ROAD				(Charala	-111:1-1			·		
	(Street)				(Cneck	all applicable))	6. Indiv	vidual or Joint	/Group	
					X Director Officer	10% Othe	Owner	-	Check Applicat m filed by One		g
SUNNYVAI	LE, CAÂ	94086			(give title below		ow)	Person For	m filed by Morong Person		-
(City)	(State)	(Zip)	Tal	ole I - N	on-Derivat	ive Securit	ies Ben	eficia	lly Owned		
1.Title of Secur (Instr. 4)	ity		Ben	mount of eficially tr. 4)	² Securities Owned	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Natu Owner (Instr.	ship	ndirect Benefi	cial	
Reminder: Repo owned directly o		te line for ea	ch class of securities	s benefici	ally SI	EC 1473 (7-02	2)				
	inform require	ation conta ed to respo	pond to the collec ained in this form nd unless the for MB control numbe	are not m displa	ays a						
T	able II - Deri	vative Secu	rities Beneficially O	wned (e.	g., puts, calls,	warrants, op	tions, co	nvertik	ole securities))	
1. Title of Deriv (Instr. 4)	vative Securit		te Exercisable and ration Date		and Amount of es Underlying	4. Conversi	5. on Ow	nershir	6. Nature Beneficia		

itle of Derivative Security	2. Date Exerc	sisable and	3. Title and Amount of		4.	5.	6. Nature of Indirect
tr. 4)	Expiration Da	ate	Securities Underlying		Conversion	Ownership	Beneficial Ownership
	(Month/Day/Year)		Derivative Security		or Exercise	Form of	(Instr. 5)
		r	(Instr. 4)		Price of	Derivative	
	Date Exercisable				Derivative Security	Security:	
				Amount or Number of Shares		Direct (D)	
			Title			or Indirect	
			The			(I)	
						(Instr. 5)	

Reporting Owners

Reporting Owner Name / Address	Relationships						
1 8	Director	10% Owner	Officer	Other			
Johnson Amal M 950 KIFER ROAD SUNNYVALE, CA 94086	X	Â	Â	Â			
Signatures							
/s/ Amal M. Johnson 04/	21/2010						
<u>**</u> 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.