Edgar Filing: INTUITIVE SURGICAL INC - Form 4

| INTUITIVE Form 4 June 15, 200 | SURGICAL ING | С | | | | | | | | | |
|--|---|--|--|---|--|------------------------------|--|---|---|---|--|
| FORM A | | | | | | | | | OMB A | OMB APPROVAL | |
| CUNIVI 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | OMB Number: | 3235-0287 | | |
| Check th if no lon | is box | | | | | | | | Expires: | January 31, | |
| subject to Section 1 Form 4 o | o SIAIE N 16. or | STATEMENT OF CHANGES IN BENEFICIAL OWN SECURITIES | | | | | | | Estimated a burden hou response | urs per | |
| Form 5 obligations may continue. See Instruction 1(b). 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 | | | | | | | | | | | |
| (Print or Type | Responses) | | | | | | | | | | |
| DUGGAN ROBERT W Symbol | | | Symbol | ymbol | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| | | INTUITIVE SURGICAL INC [ISRG] | | | | | (Check all applicable) | | | | |
| (Month/D | | | Date of Earliest Transaction Ionth/Day/Year) 5/13/2007 | | | | X_ Director 10% Owner Officer (give title Other (specify below) below) | | | | |
| (Street) 4. If Amer | | | | If Amendment, Date Original iled(Month/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| (City) | (State) | (Zip) | Tabl | e I - Non-D | erivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | lly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | Executio | ned n Date, if Day/Year) | 3. Transactio Code (Instr. 8) Code V | 4. Securi n(A) or D (Instr. 3, Amount | ispose 4 and (A) or | d of (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 | 06/13/2007 | | | S | 5,000 | D | \$ 138.7 | 204,511 | D | | |
| Common Stock | 06/13/2007 | | | S | 5,000 | D | \$ 138.8 | 199,511 | D | | |
| Common Stock | 06/13/2007 | | | S | 5,000 | D | \$ 139 | 194,511 | D | | |
| Common Stock | | | | | | | | 12,268 | I | By Managed Account | |

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

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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) | 4. Transactio Code (Instr. 8) | of Derivative Securities Acquired (A) or Disposed | | ate | 7. Titl Amou Under Secur (Instr. | int of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owne Follo Repo Trans |
|---|---|---|--|--|---------------------|--------------------|--|--|---|---|
| | | | Code V | of (D) (Instr. 3, 4, and 5) (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | (Instr |

Reporting Owners

| Reporting Owner Name / Addr | ess | Relationships | | | | | | | |
|--|------------|---------------|---------|-------|--|--|--|--|--|
| 1 | Director | 10% Owner | Officer | Other | | | | | |
| DUGGAN ROBERT W 950 KIFER ROAD SUNNYVALE, CA 94086 | Х | | | | | | | | |
| Signatures | | | | | | | | | |
| /s/ Robert W. Duggan | 06/14/2007 | | | | | | | | |
| **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.