## Edgar Filing: INTUITIVE SURGICAL INC - Form 4

INTUITIVE Form 4 April 28, 20	E SURGICAL IN	С									
FORM	ЛЛ								OMB AF	PROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287			
Check this box if no longer subject to Section 16. Section 16.				NGES IN BENEFICIAL OWNERSH SECURITIES				JFRSHIP OF	Expires:	January 31, 2005	
									Estimated average burden hours per		
Form 5 Eiled pursuant to Section 16(a) of the Securities E					<b>F</b> 1		response	0.5			
obligatio may cor <i>See</i> Instr 1(b).	ons Section 170	(a) of the l	Public U	Jtility Hol	lding Co	mpar	•	e Act of 1934, 1935 or Section 0			
(Print or Type	Responses)										
LEVY ALAN J Symbolic			Symbol	UITIVE SURGICAL INC				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) 1020 KIFE		Middle)	3. Date of	of Earliest T Day/Year)	Transaction	n		X Director Officer (give t below)		Owner r (specify	
0 11 2012			nendment, Date Original				6. Individual or Joint/Group Filing(Check				
				Ionth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
SUMINIVA	ALE, CA 94080							Person			
(City)	(State)	(Zip)	Tab	ole I - Non-	Derivativ	e Secu	irities Acqu	ired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemo Execution any (Month/Da	Date, if	3. Transactic Code (Instr. 8) Code V	omr Dispos (Instr. 3,	(A) or		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	04/26/2016			S	542	D	\$ 631.7193	3 2,213	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)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Titl Amou Under Secur (Instr.	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owno Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
LEVY ALAN J 1020 KIFER ROAD SUNNYVALE, CA 94086	Х					
Signatures						
By: Lori Serrano For: Alan J Levy		04/26/2016				
<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).

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.