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Form 4	SURGICAL IN	С										
February 22,										OMB A	PPROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								-	3235-0287			
Check this if no long subject to Section 16 Form 4 or Form 5 obligation may conti <i>See</i> Instru 1(b).	 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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 a 20(b) of the Investment Company Act of 1940 									Expires:January 31 2005Estimated average burden hours per response0.5		
(Print or Type R	esponses)											
Brogna Salvatore Symbol				er Name and Ticker or Trading ΓΙVE SURGICAL INC				g	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) 3. Date of (Month/D 1020 KIFER ROAD 02/17/20				-					Director 10% Owner X Officer (give title Other (specify below) below) EVP - Product Operations			
SUNNYVAI	(Street) LE, CA 94086		4. If Amer Filed(Mont			iginal			6. Individual or Jo Applicable Line) _X_ Form filed by 0 Form filed by M	Dint/Group Filin	ng(Check erson	
(City)	(State)	(Zip)	Table	I Non I	Dorive	ntivo S	oouri	tion A or	Person	f or Bonoficia	lly Ownod	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year	r) Execution any	med on Date, if	3. Transact Code (Instr. 8)	eDisposed of (D)Beneficially(D) orBeneficially(r. 8)(Instr. 3, 4 and 5)OwnedIndirect (I)Owned				•			
Common Stock	02/17/2017			M	75		(D) A	\$ 0	1,731	D		
Common Stock	02/17/2017			F <u>(1)</u>	39	6	D	\$0	1,335	D		
Common Stock	02/21/2017			М	52	1	А	\$0	1,856	D		
Common Stock	02/21/2017			F <u>(2)</u>	27	2	D	\$0	1,584	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)

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. Transacti Code (Instr. 8)	Transactionof Code Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock Units	\$ 0	02/21/2017		М	52	<u>(3)</u>	02/18/2018	Common Stock	521	
Restricted Stock Units	\$ 0	02/17/2017		М	75	3 (3)	02/17/2019	Common Stock	758	

Reporting Owners

Reporting Owner Name / Address	dress						
	Director	10% Owner	Officer	Other			
Brogna Salvatore 1020 KIFER ROAD SUNNYVALE, CA 94086			EVP - Product Operations				
Signatures							
By: Lori Serrano For: Salvatore Brogna	e J	02/22	/2017				

<u>**</u>Signature of Reporting Person

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).

Date

On 2/17/15, RSU shares were granted, vesting 25% per year over a four year period. RSUs convert into common stock on the vest date on
 a one-for-one basis. On 2/17/17, 25% of the shares were released and a portion of the shares were held back to cover the statutory tax withholding requirement. The net shares were deposited into the holders account

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On 2/18/14, RSU shares were granted, vesting 25% per year over a four year period. RSUs convert into common stock on the vest date on
(2) a one-for-one basis. On 2/21/17, 25% of the shares were released and a portion of the shares were held back to cover the statutory tax withholding requirement. The net shares were deposited into the holders account

Each Restricted Stock Unit, granted pursuant to the 2010 Employee Stock Option Plan, represents a contingent right to receive one share(3) of Intuitive Surgical common stock. The grant vests 25% on the first anniversary of the date of grant and annually thereafter, over a four year period of time.

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.