Edgar Filing: Myriam Curet - Form 4

| Myriam Curet Form 4 April 24, 2018 | | | | | PROVAL | | |
|--|---|---|--|--|---|--|--|
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | 3235-0287 January 31, 2005 | | |
| subject to STATEMENT C Section 16. Form 4 or | | Estimated average burden hours per response 0.8 | | | | | |
| 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) | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> Myriam Curet | 2. Issuer Name and Ti Symbol INTUITIVE SURG | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| | [ISRG] | | (Check | all applicable) | • | | |
| (Last) (First) (Middle) 1020 KIFER ROAD | 3. Date of Earliest Trans (Month/Day/Year) 04/24/2018 | saction | Director 10% Owner X Officer (give titleX Other (specify below) below) EVP & Chief Medical Officer / EVP & Chief Medical Officer | | | | |
| (Street) | 4. If Amendment, Date Filed(Month/Day/Year) | Original | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | |
| SUNNYVALE, CA 94086 Form filed by More than One Reporting Person | | | | | | | |
| (City) (State) (Zip) | Table I - Non-Der | ivative Securities Acqu | uired, Disposed of, | or Beneficiall | y Owned | | |
| 1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deer Execution any (Month/I | n Date, if Transactionor I Code (In: Day/Year) (Instr. 8) | Securities Acquired (A) Disposed of (D) str. 3, 4 and 5) (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 04/24/2018 Stock | Code V An M 26 | \$ | 2 233 | D | | | |
| Common 04/24/2018 Stock | S <u>(1)</u> 26 | 3 D \$450 | 1,970 | 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. Transactio Code (Instr. 8) | onof Deriv Secu Acqu (A) o Disp of (D | or osed)) r. 3, 4, | 6. Date Exerc Expiration D (Month/Day/ | ate | 7. Title and A Underlying S (Instr. 3 and | Securities |
|---|---|---|---|--|---|------------------------------|--|--------------------|---|--|
| | | | | Code V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares |
| Non-Qualified Stock Option (right to buy) | \$ 171.3333 | 04/24/2018 | | М | | 263 | (2) | 02/17/2025 | Common Stock | 263 |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--|---------------|-----------|-----------------------------|-----------------------------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| Myriam Curet 1020 KIFER ROAD SUNNYVALE, CA 94086 | | | EVP & Chief Medical Officer | EVP & Chief Medical Officer | | | |
| | | | | | | | |

Signatures

Myriam Curet 04/24/2018 <u>**</u>Signature of Date 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).
- (1) These shares were sold pursuant to a Rule 10b5-1 Trading Plan, entered into on May 5, 2017.
- (2) Non-statutory stock option granted pursuant to the 2010 Employee Stock Option Plan. The option vests 1/8th six months after the date of grant and 1/48th monthly thereafter.

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.