Edgar Filing: SMITH LONNIE M - Form 4

SMITH LON Form 4	NIE M									
December 22,	2006									
FORM 4 OMB APPROVAL Check this box Washington, D.C. 20549 Check this box January						OMB	PPROVAL 3235-0287			
						urs per				
(Print or Type Re	esponses)									
1. Name and Address of Reporting Person <u>*</u> SMITH LONNIE M			2. Issuer Name and Ticker or Trading Symbol INTUITIVE SURGICAL INC [ISRG]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) 950 KIFER F				3. Date of Earliest Transaction (Month/Day/Year) 11/27/2006				X Director 10% Owner X Officer (give title Other (specify below) below) President, CEO		
(Street) SUNNYVALE, CA 94086			4. If Amendment, Date Original Filed(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) 1.Title of Security (Instr. 3)	(State) (2 2. Transaction Date (Month/Day/Year)	2A. Deemed	3. if Transactio Code	4. Securi onAcquirec Disposec (Instr. 3,	ties l (A) c l of (D	or))	quired, Disposed o 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	f, or Beneficia 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of	
Common Stock	11/27/2006	11/27/2006	G	250	D	\$ 0	405,750	D		
Common Stock	12/13/2006	12/13/2006	G	3,000	D	\$0	402,750	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. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Addre	SS	Relationships						
	Director	10% Owner	Officer	Other				
SMITH LONNIE M 950 KIFER RD. SUNNYVALE, CA 94086	X		President, CEO					
Signatures								
/s/ Lonnie M.								

/s/ Lonnie M.	12/20/2006		
Smith	12/20/2000		
**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).

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.