Edgar Filing: INTUITIVE SURGICAL INC - Form 4/A

INTUITIVE S Form 4/A April 25, 2010	SURGICAL IN 6	īC	-								
FORM Check this if no longe subject to Section 16 Form 4 or Form 5 obligation may contin <i>See</i> Instruct 1(b).	s box er STATE 5. Filed pu s Section 17 ction	MENT O Insuant to S (a) of the 3	Was F CHAN	hington, GES IN F SECURI 5(a) of the ility Hold	D.C. 205 BENEFI ITIES Securiti ing Com	5 49 CIAI es Ex pany	L OW tchang Act o	COMMISSION NERSHIP OF ge Act of 1934, f 1935 or Sectio 40	OMB Number: Expires: Estimated a burden hou response	irs per	
SMITH LONNIE M Symbol				Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) 1020 KIFER	· · ·	(Middle)	3. Date of (Month/Da 04/21/20	-	insaction			X Director Officer (give below)		6 Owner er (specify	
				ndment, Date Original th/Day/Year) 016				 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)	Table	e I - Non-Do	erivative S	ecuri	ties Ac	quired, Disposed o	f, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Yea	r) Execution any		3. Transactic Code (Instr. 8) Code V	Disposed (Instr. 3,	(A) o 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)		
Common Stock	04/21/2016 <u>(1)</u>			М	650	А	\$0	266,644	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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. Num orof Derivat Securiti Acquire (A) or Dispose (D) (Instr. 3 and 5)	ive ies ed ed of	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	Amour or Numbe of Shares
Non-Qualified Stock Option (right to buy)	\$ 641.91	04/21/2016		А	443		(2)	04/21/2026	Common Stock	443
Restricted Stock Units	\$ 0	04/21/2016		М		650	(3)	04/23/2019	Common Stock	650
Restricted Stock Units	\$ 0	04/21/2016		А	443		(3)	04/21/2020	Common Stock	443

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Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
SMITH LONNIE M							
1020 KIFER ROAD	Х						
SUNNYVALE, CA 94086							
Signatures							
Dry Lowi Somono For Lonnio N	Л						

By: Lori Serrano For: Lonnie M 04/25/2016 Smith

**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

- (1) As approved by the Issuers Board of Directors on January 28, 2016, these RSUs vested on April 21, 2016, the date of the Issuer?s annual stockholders meeting, which fell two days earlier than the first anniversary of the date of grant.
- (2) Options will vest 100% on the earlier of the first anniversary of the date of grant or the date of the next annual stockholders meeting.
- (3) The RSUs fully vest on the earlier of the first anniversary of the date of grant or the date of the next annual stockholders meeting.

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.