Edgar Filing: INTUITIVE SURGICAL INC - Form 4

INTUITIVE Form 4	SURGICAL INC	2									
May 15, 200	6										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB AF OMB Number:	PROVAL 3235-0287		
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). TATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP O 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 30(h) of the Investment Company Act of 1940						Act of 1934, 1935 or Sectior	January 31 Expires: 200 Estimated average burden hours per response 0.3				
(Print or Type I	Responses)										
MILLER ERIC Sy			2. Issuer Name and Ticker or Trading Symbol INTUITIVE SURGICAL INC [ISRG]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) 3. Date (Month 950 KIFER ROAD 05/11 (Street) 4. If A			3. Date of Earliest Transaction (Month/Day/Year) 05/11/2006					Director 10% Owner X Officer (give title Other (specify below) below) Sr. Vice President			
				ndment, Da nth/Day/Year	-	ıl		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
SUNNYVA	LE, CA 94086							Form filed by M Person	ore than One Rep	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-E	Derivative	Secur	rities Acqu	iired, Disposed of,	or Beneficial	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	Date, if	3. Transactic Code (Instr. 8)	4. Securi on(A) or Di (Instr. 3,	ispose	d 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)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common	05/11/2006			Code V M	Amount 1,875	(D) A	Price \$ 47.86		D		
Stock Common Stock	05/11/2006			S	1,875	D	\$ 128.38	2,745	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. Number onof Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration D	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	
Stock Option	\$ 47.86	05/11/2006		М	1,875	(1)	02/11/2015	Comon Stock	1,875	\$ 47

Reporting Owners

Reporting Owner Name / Add	. ess	Relationships							
Reporting Owner Mane / Man	Director	10% Owner	Officer	Other					
MILLER ERIC 950 KIFER ROAD SUNNYVALE, CA 94086			Sr. Vice President						
Signatures									
/s/Eric Miller	05/15/2006								
**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).
- (1) Exercised shares are fully exercisable; remaining option shares vested at 1/48th of total grant per month.

This number reflects the correct number of shares that remain subject to this option after taking into account the transaction being report(2) herein. The report filed on 2/21/2006 inadvertenly reflected only the number of shares then exercisable pursuant to the option rather than the total number of shares that remained subject to the option at that 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.