KRAMER RICHARD J

Form 4

August 19, 2005

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB 3235-0287

OMB APPROVAL

Number:

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2005

0.5

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may continue.

Check this box

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

See Instruction

1(b).

(Print or Type Responses)

| 1. Name and Address of Reporting Person ** KRAMER RICHARD J | | | 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 RO | (First) | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 08/19/2005 | _X_ Director 10% Owner Officer (give title below) Other (specify below) |
| | (Street) | | 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 |
| SUNNYVALE, CA 94086 | | | | Form filed by More than One Reporting Person |

| (City) | (State) (| (Zip) Table | e I - Non-D | erivative | Secur | ities Acq | uired, Disposed of | f, or Beneficial | y Owned |
|--------------------------------------|--------------------------------------|---|---|---------------------------------|-----------|-------------|--|--|---|
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | 4. Securi on(A) or D (Instr. 3, | (A) or | 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 Stock | 08/19/2005 | | M | 2,500 | A | \$ 12.58 | 2,500 | D | |
| Common Stock | 08/19/2005 | | M | 2,500 | A | \$ 15.72 | 5,000 | D | |
| Common Stock | 08/19/2005 | | S | 2,500 | D | \$ 73.62 | 2,500 | D | |
| Common Stock | 08/19/2005 | | S | 2,500 | D | \$ 74 | 0 | D | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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SEC 1474 (9-02)

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 proof Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | of Derivative Expiration D Securities (Month/Day/ Acquired (A) or Disposed of (D) (Instr. 3, 4, | | 7. Title and 2. Underlying S (Instr. 3 and | Securities | 8. I Der Sec (Ins |
|---|---|--------------------------------------|---|--|--|---|--------------------|--|--|----------------------------|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | |
| Stock Option | \$ 12.58 | 08/19/2005 | | M | 2,500 | <u>(1)</u> | 05/25/2011 | Common Stock | 2,500 | \$ |
| Stock Option | \$ 15.72 | 08/19/2005 | | M | 2,500 | <u>(1)</u> | 06/30/2013 | Common Stock | 2,500 | \$ |

Reporting Owners

| Reporting Owner Name / Address | Kelationships | | | | | | | |
|--------------------------------|---------------|-----------|---------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| KRAMER RICHARD J | | | | | | | | |
| 950 KIFER ROAD | X | | | | | | | |
| SUNNYVALE, CA 94086 | | | | | | | | |

Signatures

/s/Richard
Kramer

**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) All share option grants are vested.

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.

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