

Must be
Postmarked or
Submitted Online
No Later Than
December 6, 2018

In re Intuitive Surgical Securities Litigation
c/o GCG
P.O. Box 10359
Dublin, OH 43017-0359
(844) 850-7746

info@intuitivesurgicalsecuritieslitigation.com
www.intuitivesurgicalsecuritieslitigation.com

ISG



Claim Number:

Control Number:

PROOF OF CLAIM AND RELEASE

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Important - This form should be completed IN CAPITAL LETTERS using BLACK or DARK BLUE ballpoint/fountain pen. Characters and marks used should be similar in the style to the following:

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 1 2 3 4 5 6 7 0



PART I - CLAIMANT IDENTIFICATION

Claimant or Representative Contact Information:

The Claims Administrator will use this information for all communications relevant to this claim (including the check, if eligible for payment). If this information changes, you **MUST** notify the Claims Administrator in writing at the address above.

Claimant Name(s) (as you would like the name(s) to appear on the check, if eligible for payment):

Grid for Claimant Name(s)

Street Address:

Grid for Street Address

City: **Last 4 digits of Claimant SSN/TIN:¹**

Grid for City and Last 4 digits of Claimant SSN/TIN

State: **Zip Code:** **Country (if Other than U.S.):**

Grid for State, Zip Code, and Country

Name of the Person you would like the Claims Administrator to Contact Regarding this Claim (if different from the Claimant Name(s) listed above):

Grid for Name of the Person to Contact

Daytime Telephone Number: **Evening Telephone Number:**

Grid for Daytime and Evening Telephone Numbers

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

Grid for Email Address

NOTICE REGARDING ELECTRONIC FILES: Certain claimants with large numbers of transactions may request, or may be requested, to submit information regarding their transactions in electronic files. To obtain the mandatory electronic filing requirements and file layout, you may visit the settlement website at www.intuitivesurgicalsecuritieslitigation.com or you may email the Claims Administrator's electronic filing department at eClaim@choosegcg.com. Any file not in accordance with the required electronic filing format will be subject to rejection. No electronic files will be considered to have been properly submitted unless the Claims Administrator issues an email to that effect after processing your file with your claim numbers and respective account information. Do not assume that your file has been received or processed until you receive this email. If you do not receive such an email within 10 days of your submission, you should contact the electronic filing department at eClaim@choosegcg.com to inquire about your file and confirm it was received and acceptable.

To view GCG's Privacy Notice, please visit <http://www.choosegcg.com/privacy>

¹ The last four digits of the taxpayer identification number (TIN), consisting of a valid Social Security Number (SSN) for individuals or Employer Identification Number (EIN) for business entities, trusts, estates, etc., and telephone number of the beneficial owner(s) may be used in verifying this claim.



PART II - INSTRUCTIONS

I. GENERAL INSTRUCTIONS

1. To recover as a Class Member based on your claims in the action entitled *In re Intuitive Surgical Securities Litigation*, Civil Action No. 5:13-cv-01920-EJD (the "Action"), YOU MUST MAIL OR SUBMIT ONLINE A COMPLETED PROOF OF CLAIM AND RELEASE FORM ("CLAIM FORM"), ACCOMPANIED BY COPIES OF THE DOCUMENTS REQUESTED HEREIN, **ON OR BEFORE DECEMBER 6, 2018, ADDRESSED AS FOLLOWS:**

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2. Submission of this Claim Form, however, does not assure that you will share in the proceeds of the Settlement of the Action.

3. If you are a Class Member and have not timely and validly requested exclusion from the Class, **you are bound by the terms of any judgment entered in the Action, including the releases provided therein, WHETHER OR NOT YOU SUBMIT A CLAIM FORM.**

II. CLAIMANT IDENTIFICATION

If you purchased or acquired the publicly traded common stock of Intuitive Surgical, Inc. ("Intuitive") during the period from February 6, 2012 through July 18, 2013, inclusive (the "Class Period"), use Part I of this form entitled "Claimant Identification" to list the claimant name, mailing address, and account information if relevant (such as for a claim submitted on behalf of an IRA, Trust, or estate account). Please list the most current claimant or account name as you would like the information to appear on a check, if eligible for payment. Please also provide a telephone number and/or e-mail address, as the Claims Administrator may need to contact you with questions about the claim submitted. **If your Claimant Identification information changes, please notify the Claims Administrator in writing at the address above.**

All joint purchasers must sign this Claim Form. If you are acting in a representative capacity on behalf of a Class Member (for example, as an executor, administrator, trustee, or other representative), you must submit evidence of your current authority to act on behalf of that Class Member. Such evidence would include, for example, letters testamentary, letters of administration, or a copy of the trust documents or other documents which provide you with the authority to submit the claim. Please also indicate your representative capacity under your signature on page 5 of this Claim Form.

III. IDENTIFICATION OF TRANSACTIONS

Use Part III of this form entitled "Schedule of Transactions in Intuitive Publicly Traded Common Stock" to supply all required details of your transaction(s). Neither the Claims Administrator, the Defendants, nor the Class Representatives have access to your transactional information. If you need more space or additional schedules, attach separate sheets giving all of the required information in substantially the same form. Sign and print or type your name on each additional sheet.

On the schedules, provide all of the requested information with respect to **all of your** purchases or acquisitions of Intuitive publicly traded common stock, and **all of your sales** of Intuitive publicly traded common stock, whether such transactions resulted in a profit or a loss. You must also provide the amount of Intuitive publicly traded common stock you held at the close of trading on October 17, 2013. Failure to report all such transactions may result in the rejection of your claim.

List each transaction separately and in chronological order, by trade date, beginning with the earliest. You must accurately provide the month, day, and year of each transaction you list.

The date of covering a "short sale" is deemed to be the date of purchase of Intuitive common stock. The date of a "short sale" is deemed to be the date of sale of Intuitive common stock.

COPIES OF BROKER CONFIRMATIONS OR OTHER DOCUMENTATION OF YOUR TRANSACTIONS SHOULD BE ATTACHED TO YOUR CLAIM. **FAILURE TO PROVIDE THIS DOCUMENTATION COULD DELAY VERIFICATION OF YOUR CLAIM OR RESULT IN REJECTION OF YOUR CLAIM.**



PART III - SCHEDULE OF TRANSACTIONS IN INTUITIVE PUBLICLY TRADED COMMON STOCK

A. BEGINNING HOLDINGS: State the number of shares of Intuitive publicly traded common stock held at the beginning of trading on **February 6, 2012**.

Shares									

B. PURCHASES/ACQUISITIONS: Separately list each and every purchase or acquisition of Intuitive publicly traded common stock from the opening of trading on **February 6, 2012** through and including the close of trading **July 18, 2013**. (Must be documented.)

Date(s) of Purchase or Acquisition List Chronologically (Month/Day/Year)	Number of Shares Purchased/Acquired	Purchase Price Per Share	Total Purchase Price (Excluding fees, taxes, and commissions)
/ /		.	.
/ /		.	.
/ /		.	.
/ /		.	.
/ /		.	.

C. PURCHASES/ACQUISITIONS DURING "90-DAY LOOKBACK PERIOD": State the total number of shares of Intuitive publicly traded common stock you purchased/acquired from **July 19, 2013** through and including the close of trading on **October 17, 2013**.²

Shares									

D. SALES: Separately list each and every sale/disposition of Intuitive publicly traded common stock from after the opening of trading on **February 6, 2012** through and including the close of trading on **October 17, 2013**. (Must be documented.)

Date(s) of Sale List Chronologically (Month/Day/Year)	Number of Shares Sold	Sale Price Per Share	Total Sale Price (Excluding fees, taxes, and commissions)
/ /		.	.
/ /		.	.
/ /		.	.
/ /		.	.
/ /		.	.

E. ENDING HOLDINGS: State the total number of shares of Intuitive publicly traded common stock you held as of the close of trading on **October 17, 2013**. (Must be documented.)

Shares									

² **Please note:** Information requested with respect to your purchases/acquisitions of Intuitive publicly traded common stock from July 19, 2013 through and including the close of trading on October 17, 2013 is needed in order for the Claims Administrator to balance your claim; purchases during this period, however, are not eligible under the Settlement and will not be used for purposes of calculating your Recognized Claim pursuant to the Plan of Allocation.

IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS
YOU **MUST** PHOTOCOPY THIS PAGE AND CHECK THIS BOX
IF YOU DO NOT CHECK THIS BOX THESE ADDITIONAL PAGES WILL **NOT** BE REVIEWED



PART IV - SUBMISSION TO JURISDICTION OF COURT AND ACKNOWLEDGMENTS

1. I (We) submit this Claim Form under the terms of the Stipulation and Agreement of Settlement described in the Settlement Notice and available at www.intuitivesurgicalsecuritieslitigation.com. I (We) also submit to the jurisdiction of the United States District Court, Northern District of California, with respect to my (our) claim as a Class Member.

2. I (We) further acknowledge that, upon the Effective Date of the Settlement, I will (we will) be bound by and subject to the terms of any judgment that may be entered in the Action, including the release of the Released Claims as against the Released Defendant Parties. I (We) agree to furnish additional information to the Claims Administrator to support this claim if requested to do so. I (We) have not submitted any other claim covering the same purchases or sales of Intuitive publicly traded common stock during the relevant periods and know of no other person having done so on my (our) behalf.

3. I (We) hereby warrant and represent that I (we) have included information about all of my (our) purchases of Intuitive publicly traded common stock which took place from February 6, 2012 through October 17, 2013, and all of my (our) sales of common stock during this period, as well as the number of shares held by me (us) at the close of trading on October 17, 2013.

4. I (We) declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed this _____ day of _____ in _____, _____.
(Month/Year) (City) (State/Country)

Signature of Claimant

Print Name of Claimant

Date

Signature of Joint Claimant, if any

Print Name of Joint Claimant, if any

Date

If claimant is other than an individual, or is not the person completing this form, the following also must be provided:

Signature of Person Completing Form

Print Name of Person Completing Form

Date

Capacity of person(s) signing, e.g., Beneficial Purchaser,
Executor or Administrator

REMINDER CHECKLIST

**ACCURATE CLAIMS PROCESSING TAKES A SIGNIFICANT AMOUNT OF TIME.
THANK YOU FOR YOUR PATIENCE.**

1. Please sign above.
2. Remember to attach copies of supporting documentation.
3. **Do not send** originals of certificates or other documentation as they will not be returned.
4. Keep a copy of your Claim Form and all supporting documentation for your records.
5. If you desire an acknowledgment of receipt of your Claim Form, please send it Certified Mail, Return Receipt Requested.
6. If you move, please send your new address to the address below.
7. **Do not use red pen or highlighter** on the Claim Form or supporting documentation.

**THIS CLAIM FORM MUST BE SUBMITTED ONLINE OR, IF MAILED, POSTMARKED NO LATER THAN
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