FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5	STATEMENT OF CHA
obligations may continue. See	
Instruction 1(b).	Filed pursuant to Sec

ANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person * $\underline{Mills\ Peter\ B}$					IN	2. Issuer Name and Ticker or Trading Symbol INTEGRATED SURGICAL SYSTEMS INC [ISSM.PK]									ck all appli	cable)	ig Pers	son(s) to Iss 10% Ov	
(Last) 105 SOL	(Last) (First) (Middle) 105 SOLANA DRIVE				3. [3. Date of Earliest Transaction (Month/Day/Year) 05/16/2014									Officer below)	(give title		Other (speci	
(Street) LOS AL			94022 (Zip)		4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Inc					
		Tab	le I - Non	n-Deriv	ativ	e Se	curities	s Acc	quired,	Dis	posed o	f, or B	ene	ficially	y Owned				
Date					Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year		Transaction Dis		Dispose	curities Acquired (A) osed Of (D) (Instr. 3, 4			5. Amou Securitie Beneficia Owned F	es Fo ally (D) Following (I)		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
						Code	v	Amount	(A) (D)	or	Price	Transact (Instr. 3	tion(s)			(111341. 4)			
Common	Stock														110	,457 D			
		-	Table II - I (osed of, onverti				Owned				
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security (Instr. 3) 3. Transaction Date (Month/Day/Year) (Month/Day/Year) 34. Deemed Execution Date, if any (Month/Day/Year)				Date, T	4. Transaction Code (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)		Date Exercisab		Expiration Date	Title	OI N Of	umber					
Option	\$0.17	05/16/2014			A	v	25,000		05/16/201	4 0	05/16/2019	Common	1 2	5,000	\$0.17	25,00	0	D	

Explanation of Responses:

/s/ Peter Mills

08/04/2014

** Signature of Reporting Person

Date

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

- * 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.

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 Number.