FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

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STATEMENT	OF CHANGE	S IN BENEFIC	IAL OWNERSHIP

ı	OMB APPRO	VAL
	OMB Number:	3235-0287
l	Estimated average burde	en
ı	hours per respense:	0.5

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

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*  LEVANDE ROBERT				IN	2. Issuer Name and Ticker or Trading Symbol INTEGRATED SURGICAL SYSTEMS INC [ ISSM.PK ]									k all applic	or		10% Ov	ner	
(Last) (First) (Middle) 8 EAST 67TH STREET						Date o		Trans	action (Mo	onth/[	Day/Year)		below)	Officer (give title below)		Other (s below)	респу		
(Street) NEW YORK NY 10021				4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Ind Line) X						
(City)	(S		(Zip) ole I - Non	-Deriv	ativ	e Se	curities		quired	Disi	nosed o	of or Be	nefic	cially	Owned				
1. Title of Security (Instr. 3) 2. Transa Date					action			3. Transa Code (	3. 4. Secur Transaction Code (Instr. 8)		ities Acquired (A) o d Of (D) (Instr. 3, 4 a		or 4 and	5. Amour Securitie Beneficia Owned F Reported Transact (Instr. 3 a	nt of s Formally (D) of ollowing into of s (I) (II) (II)		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock													$\dagger$		624	,912		D	
	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/Ye	ate, T	Code (Ir				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			3. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	lly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)
					Code	v	(A)		Date Exercisab		Expiration Date	Title	Amo or Num of Shar	nber					
Option	\$0.17	05/16/2014			A	V	25,000		05/16/201	4 0	5/16/2019	Common Stock	25,0	000	\$0.17	25,000	)	D	

**Explanation of Responses:** 

/s/ Robert Levande

08/04/2014

\*\* Signature of Reporting Person

Date

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

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).