FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL							
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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* Sornsin William Carrier Jr 2. Date of Event Requiring Statem (Month/Day/Year) 11/04/2016				nent	3. Issuer Name and Ticker or Trading Symbol INTEGRATED SURGICAL SYSTEMS INC [ISSM]							
(Last)	(First)	(Middle)				tionship of Reporting Perso all applicable) Director	on(s) to Issue			Amendment, Da hth/Day/Year)	ate of Original Filed	
(Street)					X	Officer (give title below) Chief Operating O	Other (spe below)	App		Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person		
SEATTLE	WA	98105				omer operating e	officer -		'`		y More than One	
(City)	(State)	(Zip)										
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)						nt of Securities ally Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock						1,799,190(1)	D					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
Expiration			Expiration D	Date Exercisable and xpiration Date Month/Day/Year)		d 3. Title and Amount of Securi Underlying Derivative Securi		4. Conversion or Exercise Price of		Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
			Date Exercisable	Expiratior Date	n Title		Amount or Number of Shares	Derivat Securit	tive	Direct (D) or Indirect (I) (Instr. 5)		

Explanation of Responses:

1. Including 629,717 shares issued in the Reporting Person's name, but held by an escrow agent, pursuant to the Share Exchange Agreement, dated as of October 14, 2016, by and among Integrated Surgical Systems Inc. and the signatories thereto.

<u>/s/ William Sornsin</u> <u>11/08/2016</u>
** 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 5 (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.