FORM 5

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

OWNERSHIP

Vashington,	D.C.	20549

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL

OMB APPROVAL								
OMB Number:	3235-0362							
Estimated average burden								
hours per response:	1.0							

Form 3 Holdings Reported.

(Last)	old Address of NDE ROB (Fir 67TH STRE	2. Issuer Name and Ticker or Trading Symbol INTEGRATED SURGICAL SYSTEMS INC [ISSM.PK] 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2010 4. If Amendment, Date of Original Filed (Month/Day/Year)						Year)	S. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner Officer (give title Other (specify below) 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person								
		Tahl	e I - Non-Deriv	vative Sec	uritie	-s Δc	auire	ed Di	snosed	of or	Benefic	ially	Owne	-d			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)			2A. Deemed 3. Execution Date, if any (Month/Day/Year) 8)		action	4. Securities Acquired (A) or Dispos Of (D) (Instr. 3, 4 and 5)							Ownership I Form: Direct I		7. Nature of Indirect Beneficial Ownership		
			(Monthibay/Tear)				Amour	nt	(A) or (D) Price		Issuer's Fiscal Year (Instr. 3 and 4)		Indirect (I) (Instr. 4)		(Instr. 4)		
Common	Stock		05/25/2010	0 A4 19,532 A \$0.32		2	149,265			D							
Common	Stock		06/08/2010			A	4	20	,834	A	\$0.3	170,099			D		
Common	Stock		07/09/2010			A	4	20	,162	A	\$0.31	190,261				D	
		Та	ble II - Derivat (e.g., p	ive Secur uts, calls,									wned				
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. Transaction Code (Instr. 8)	of Deriv Secu Acqu (A) o Dispe	Expin (Mon market)		Date Exercisable and xpiration Date Month/Day/Year) Tate Expiration xercisable Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares		nt er				10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership t (Instr. 4)

Explanation of Responses:

/s/ Rovert Levande

03/13/2013

** 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.