FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	VAL								
	OMB Number:	3235-0287								
II	Estimated average burden									
I	hours per response:	0.5								

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

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* <u>LEVANDE ROBERT</u>						2. Issuer Name and Ticker or Trading Symbol INTEGRATED SURGICAL SYSTEMS INC [ISSM.PK]										all application	able) r	10	Person(s) to Issuer 10% Owner	
(Last) (First) (Middle) 8 EAST 67TH STREET					3. Date of Earliest Transaction (Month/Day/Year) 10/21/2014										Officer (below)	(give title		ner (specify ow)		
(Street) NEW YORK NY 10065 (City) (State) (Zip)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)										5. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tabl	e I - Noi	n-Deriv	ative	Se	curitie	s Acc	quired,	Dis	posed o	f, or	Ben	eficia	ally C	wned				
Da					Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Transaction Disposed Code (Instr. 5)		ities Acquired (A) d Of (D) (Instr. 3, 4			and Secur Benef Owne		s Illy ollowing	6. Ownershi Form: Direc (D) or Indire (I) (Instr. 4)	of Indirec ct Beneficia Ownershi	of Indirect Beneficial Ownership
										v	Amount		(A) or (D)	Price	. 1	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common Stock					10/21/2014				A	V	34,723		A	\$0.18		695,698		D		
		Та	ıble II - I (sed of, onvertib					ned				
1. Title of Derivative Security (Instr. 3)	ative Conversion Date Execution Date, rity or Exercise (Month/Day/Year) if any		Date,	4. Transaction Code (Instr. 8)		n of Deriv Secu Acqu (A) or Dispo of (D) (Instr	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Date Expiration Date Date Expiration Date Month/Day/Year) Date Expiration Exercisable Date			or	ount nber	nt er		Number of erivative ecurities eneficially wned ollowing eported ransaction(nstr. 4)	Owners Form: Direct (I or Indire (I) (Instr	Beneficia Ownersh ct (Instr. 4)	ct ial hip	

Explanation of Responses:

/s/ Robert Levande

02/05/2016

** 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.