FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

wasnington,	D.C.	20549	

on, D.C. 20549	OMB APPROVAL

OMB Number: 3235-0287 Estimated average burden 0.5 hours per response

## 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				<u> I</u>	2. Issuer Name and Ticker or Trading Symbol INTEGRATED SURGICAL SYSTEMS INC [ IMMS ]											10% Ow		vner
(Last) 8 EAST	(F 67TH STRI	irst) EET	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 11/04/2016 Officer (give title below) Other (special below)										вреспу			
(Street)  NEW Y(			10065 (Zip)	4.	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Ind Line)	ividual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person					
		Та	ble I - Non-	Derivati	ve Se	curities	s Ac	quired,	Disp	osed c	of, or E	Benef	icially	Owned				
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4		A) or , 4 and 5)	Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D)		Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock 0			01/11/20	/2016		A		41,66	67	A	\$0.15	907,033			D			
Common	Stock			04/12/20	)16			A		19,53	.9,531 A \$0.16 926,564			,564		D		
Common	ommon Stock 07/1			07/11/20	/2016		A		19,53	31	A	\$0.16	946,095			D		
Common	on Stock 10/04/2016 A 15,				15,62	25	A	\$0.2	\$0.2 961,720			D						
			Table II - D (e	erivative e.g., puts										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)	Code (	Transaction Code (Instr.		Derivative Ex		Date Exercisa xpiration Date /lonth/Day/Yea		7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported	e s illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)		Date Exercisabl		xpiration ate	Title	or Nu	ount mber Shares		Transaction(s) (Instr. 4)			
Warrant	\$0.2	11/04/2016		A		292,402		11/04/2016	5 1	1/04/2021	Commo		2,402	\$0	292,40	02	D	

**Explanation of Responses:** 

/s/ Robert Levande

11/08/2016

\*\* 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.