SEC Form 5

 \Box

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

Washington, D.C. 20549

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL						
OWNERSHIP						

OMB APPROVAL OMB Number: 2225 0262 Estimated average

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Form 3 Holdings Reported.				OWNEROFIL					hours		irs per respons	e: 1.0	
X Form 4	Transactions R	eported.	File				the Securities Exch stment Company A						
1. Name and Address of Reporting Person* <u>LEVANDE ROBERT</u>				INTEG	2. Issuer Name and Ticker or Trading Symbol <u>INTEGRATED SURGICAL SYSTEMS</u> <u>INC</u> [ISSM.PK]					5. Relationshi Check all app X Direc	blicable)	ting Person(s 1) to Issuer 0% Owner
(Last) (First) (Middle) 8 EAST 67TH STREET			3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2009									other (specify elow)	
(Street) NEW YORK NY 10021 (City) (State) (Zip)			4. If Amendment, Date of Original Filed (Month/Day/Year)						 Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person 				
		Tabl	e I - Non-Deriv	ative Secu	uritie	es Acqui	red, Disposed	of, or	Benefici	ally Own	ed		
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.	4. Securities Acquired (A) or Dispose Of (D) (Instr. 3, 4 and 5)			Securities Beneficially		6. Ownership Form: Direct (D) or	
						8)	Amount	(A) or (D)	Price	Issuer's	Issuer's Fiscal In Year (Instr. 3 and (I		Ownership (Instr. 4)
Common Stock													
Common	Stock		07/29/2009			A4	68,480	A	\$0.34	85	,031	D	
Common			07/29/2009 08/19/2009		+	A4 A4	68,480 23,150	A A	\$0.34 \$0.27		,031 8,181	D D	
	Stock									10	* 		
Common	Stock	Ta	08/19/2009 12/22/2009 ble II - Derivat			A4 A4 Acquiree	23,150 21,552	A A f, or Be	\$0.27 \$0.29 eneficial	100 129 Iy Owned	8,181	D	

Explanation of Responses:

/s/ Robert Levande

of

Title

03/13/2013 Date

** Signature of Reporting Person

Amount or Number

Shares

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

 \ast 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.

(A) (D) Date Exercisable

Expiration

Date