

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT5690008

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| SUBMISSION TYPE: | NEW ASSIGNMENT | |
| NATURE OF CONVEYANCE: | ASSIGNMENT | |
| CONVEYING PARTY DATA | | |
| | Name | Execution Date |
| | CHRISTOPH MATTHIAS PISTOR | 11/19/2009 |
| | JOSHUA T. OEN | 11/19/2009 |
| RECEIVING PARTY DATA | | |
| Name: | INTUITIVE SURGICAL, INC. | |
| Street Address: | 1266 KIFER ROAD | |
| Internal Address: | BLDG 101 | |
| City: | SUNNYVALE | |
| State/Country: | CALIFORNIA | |
| Postal Code: | 94086 | |
| PROPERTY NUMBERS Total: 1 | | |
| Property Type | Number | |
| Application Number: | 15662645 | |
| CORRESPONDENCE DATA | | |
| Fax Number: | | |
| <i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.</i> | | |
| Phone: | 2022924690 | |
| Email: | docketing@jonesrobb.com | |
| Correspondent Name: | JONES ROBB PLLC (W/ INTUITIVE SURGICAL) | |
| Address Line 1: | 1420 SPRING HILL ROAD | |
| Address Line 2: | SUITE 325 | |
| Address Line 4: | MCLEAN, VIRGINIA 22102 | |
| ATTORNEY DOCKET NUMBER: | NEOG750-500C2/US | |
| NAME OF SUBMITTER: | SUSANNE T. JONES | |
| SIGNATURE: | /Susanne T. Jones, Reg. No. 44,472/ | |
| DATE SIGNED: | 08/28/2019 | |
| Total Attachments: 3 | | |
| source=31P4392-NEOG750-500C2US_10840027_02000_Assignment-1#page1.tif | | |
| source=31P4392-NEOG750-500C2US_10840027_02000_Assignment-1#page2.tif | | |
| source=31P4392-NEOG750-500C2US_10840027_02000_Assignment-1#page3.tif | | |

Application No. 12/615,897
1st Inventor: Christoph Matthias Pistor

Attorney Docket No. NEOG750-200/US

ASSIGNMENT OF APPLICATION FOR PATENT

WHEREAS I/we:

Christoph Matthias Pistor
564 Hans Avenue
Mountain View, California 94040

Joshua T. Oen
894 Barcelona Drive
Fremont, California 94536

(hereinafter referred to as Assignor(s)), have invented a certain invention entitled:

ROBOTIC LINKAGE

for which application for Letters Patent in the United States was filed under Application No. 12/615,897 on November 10, 2009.

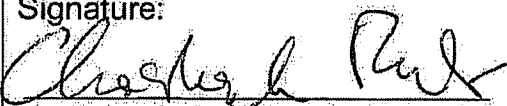
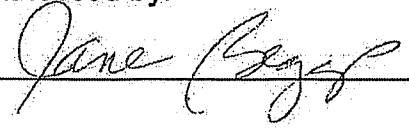
For good and valuable consideration, receipt of which is hereby acknowledged, I/WE hereby sell, assign, and transfer to:

Intuitive Surgical, Inc.

a Delaware corporation having a place of business at 1266 KIFER RD, BLDG 101, SUNNYVALE, CALIFORNIA 94086 and its successors and assigns, the entire right, title, and interest throughout the world in my/our invention, for which I/we have executed the above mentioned United States patent application, and all patent applications and patents of every country and region for said invention, including divisions, reissues, continuations, and extensions thereof, and all rights of priority resulting from the filing of said applications; I/we authorize the above-named assignee to apply for patents of foreign countries for said invention, and to claim all rights of priority without further authorization from me; I/we agree to execute all papers useful in connection with said United States and foreign applications, and generally to do everything possible to aid said assignee, their successors, assigns, and nominees, at their request and expense, in obtaining and enforcing patents for said invention in all countries; and I/we request that the Commissioner of Patents and Trademarks to issue all patents granted for said invention to the above-named assignee, its successors, and assigns.

Application No. 12/615,897
1st Inventor: Christoph Matthias Pistor

Attorney Docket No. NEOG750-200/US

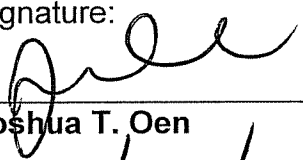
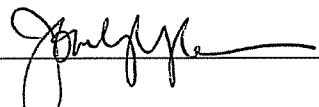
| | |
|--|---|
| Signature:  Christoph Matthias Pistor Nov 19, 2009 Date | Witnessed by:  JANE BEGGS Print Name |
|--|---|

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|---|-------------------------------------|
| Signature: Joshua T. Oen Date | Witnessed by: Print Name |
|---|-------------------------------------|

Application No. 12/615,897
1st Inventor: Christoph Matthias Pistor

Attorney Docket No. NEOG750-200/US

| | |
|--|---|
| Signature: _____ Christoph Matthias Pistor _____ Date | Witnessed by: _____ _____ Print Name |
|--|---|

| | |
|--|---|
| Signature:  _____ Joshua T. Oen 11/19/09 Date | Witnessed by:  _____ JOAN Y. OEN _____ Print Name |
|--|---|