SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

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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 Add		2. Date of Event Requiring Staten (Month/Day/Year 02/09/2005	nent	3. Issuer Name and Ticker or Trading Symbol <u>Stereotaxis, Inc.</u> [STXS]							
(Last) 13773 LEXIN	(First)	(Middle)			(Check al	nship of Reporting Pers I applicable) Director	on(s) to Issue 10% Own		5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Street) SARATOGA (City)		95070 (Zip)				Dfficer (give title pelow)	Other (spe below)	cify		cable Line) Form filed b	l/Group Filing (Check y One Reporting Person y More than One erson
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr. 4) Grant Direct or Indirect (I (Instr. 5)		cṫ(D) (t (D) (Instr. 5)			
Common Stock						11,111	Ι		By Trust		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4)			Expiration Da	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securi Underlying Derivative Securi		4. Convers or Exerc Price of	cise	5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
Explanation of R			Date Exercisable	Expiration Date	Title		Amount or Number of Shares	Derivati Security	ive	Direct (D) or Indirect (I) (Instr. 5)	

<u>/s/ Abhi Acharya</u>

** Signature of Reporting Person Date

04/25/2005

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 5 (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.