FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Check this box if no longer subject to
Section 16. Form 4 or Form 5
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

Name and Address of Reporting Person*     Stammer Martin C						2. Issuer Name <b>and</b> Ticker or Trading Symbol Stereotaxis, Inc. [STXS]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
						SIETEUIANIS, IIIC. [ STAS ]										Direc	tor		10% C	wner		
																Officer (give title below)			Other ( below)	(specify		
(Last) (First) (Middle)							3. Date of Earliest Transaction (Month/Day/Year)									PF	PFO, PAO and Interim CFO			)		
C/O STEREOTAXIS, INC.						03/05/2013										11	O, 1710 til.	ia iii	crimi or c			
4320 FOREST PARK AVENUE, SUITE 100																						
4520 FOREST FARR AVENUE, SUITE 100						4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable						
					.   "	4. II Amendment, Date of Original Filed (Month/Day/Year)										Line)						
(Street)		_													X Form filed by One Reporting Person							
ST. LOU	IS M	0 (	53108												Form filed by More than One Reporting							
																Person						
(City)	(St	ate) (	Zip)																			
		Tabl	e I - Non	- Dariy	ativo	S0	curitic	·ς Λ c c	nuirod	Die	nosed o	f O	r Rone	fici	ally O	wnc						
		Ιασι	C I - NOI	I-Deliv	ative	- 50	Curitic	.3 AU		נוט ו	1					vviic	,u					
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da						ur)   I	Execution if any	A. Deemed Execution Date, f any Month/Day/Year)		3. 4. Se Transaction Disp Code (Instr. 5)		urities Acquired (A) sed Of (D) (Instr. 3,			4 and Sec Ben		ount of ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
					Ι`		,					(A) or				Reported		''`	,,,	(Instr. 4)		
									Code	۱v	Amount		(A) or (D)	Price	•   (ii	Transaction(s) (Instr. 3 and 4)						
Common Stock 03/05/						/05/2013					35,000	) <sup>(1)</sup> A		\$	0 35,680		5,680		D			
		Ta	ıble II - D	)erivat	ive S	eci	ırities	Δcau	ired D	isno	sed of	or B	Renefi	riall	v Owr	ned						
		10									onvertib				y Own	icu						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	4. Transactior Code (Instr. 8)				6. Date E Expiratio (Month/E	on Dat		Amount of		str. 3	8. Price Derivat Securit (Instr. §	ivative curity	9. Number of derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4)	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Ownership Form:	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or Nun of	ount nber res								

## **Explanation of Responses:**

1. Grant of restricted share units. Each restricted share unit represents a right to receive one share of common stock. The restricted share units vest over a four year period as follows: (1) 40% vest one year after the date of grant, and (2) thereafter, the remaining 60% vest in three equal installments of 20%, each occurring on the yearly anniversary date of the grant.

## Remarks:

/s/ Karen W. Duros, Attorney-In-Fact 03/07/2013

\*\* 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.