## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT	OF CHANGES	IN BENEFICIAL	<b>OWNERSHIP</b>

l	OMB APPRO	VAL
	OMB Number:	3235-0287
l	Estimated average burd	en
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(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 Alafi Cl			Reporting Person*			2. 1:	ssuer N	lame <b>a</b>	ınd Tic		rading	g Symbol			(Che	elationshi eck all app	licable)	rting Pe	erson(s) to	Issuer Owner
(Last)		(Firs	st) (	Middle)			oate of 03/20		st Trans	nsaction (Month/Day/Year)						Office below	icer (give title ow)		Othe belo	er (specify w)
(Street) BERKEL (City)		CA (Sta		)4707 		_ 4. Ii	f Amen	dment,	, Date	of Origin	nal File	ed (Month/Da	ay/Year)		Line	) <mark>K</mark> Form	n filed by 0 n filed by 1	One Re	ng (Check porting Pe an One Re	
			Tabl	e I - N	on-Deriv	/ative	Sec	uritie	s Ac	quire	d, Di	sposed o	f, or B	enefic	ciall	y Owne	ed			
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a			nd Securities Beneficial Owned Fo		nt of s ally ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 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				06/03/2	2011				P		50,000	A	\$3.3	5(1)	126,	,000			Christopher Alafi Trust
Common	Stock															228,	,286		D	
Common	Stock															2,2	25		I	Alafi Family Foundation
Common Stock														3,891,373		I		Alafi Capital Company LLC		
Common	Stock															30,0	00(2)		I	by Mother
			Та	ble II	- Deriva	tive S	ecur	ities	Acqu	iired,	Disp	osed of,	or Ber	neficia	ully (	Owned				
1. Title of Derivative Security  2. Conversion or Exercise Price of Derivative Security  3. Transaction Date (Month/Day/Year)  (Month/Day/Year)  3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transa	Transaction of Code (Instr. Derivative			Exerc	cisable and	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. Do (II	3. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)					
			Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amount or Number of Shares	1 1								

## **Explanation of Responses:**

- 1. The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$3.32 to \$3.39, inclusive. The reporting person undertakes to provide to Stereotaxis, Inc., any security holder of Stereotaxis, Inc., or the staff at the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.
- 2. The reporting person disclaims beneficial ownership of these securities, and this report shall not be deemed an admission that the reporting person is the beneficial owner of such securities for purposes of Section 16 or for any other purpose.

## Remarks:

/s/ Karen W. Duros, Attorneyin-Fact

06/06/2011

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

\*\* Signature of Reporting Person

 $^{\star}$  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.