SEC Form 4	
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

OMB Number:	OMB Number: 3235-0287						
Estimated average burden							
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).	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 Address of Reporting Person [*] <u>Fischel Nathan</u>		Person*	2. Issuer Name and Ticker or Trading Symbol <u>Stereotaxis, Inc.</u> [STXS]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner						
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 01/02/2024	Officer (give title Other (specify below) below)						
C/O STEREOTAXIS, INC. 710 NORTH TUCKER BLVD., SUITE 110		D SUITE 110	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line)						
TO NORTH TOCKER DEVD., SOTTE TTO		D., 50112 110		X Form filed by One Reporting Person						
(Street) ST. LOUIS,	МО	63101		Form filed by More than One Reporting Person						
,			Rule 10b5-1(c) Transaction Indication							
(City)	(State)	(Zip)	Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.							
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									

4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) 6. Ownership Form: Direct 1. Title of Security (Instr. 3) 2. Transaction 2A. Deemed 5. Amount of 7. Nature Transaction Code (Instr. Execution Date, if any (Month/Day/Year) Date (Month/Dav/Year) Securities Beneficially of Indirect (D) or Indirect Beneficial 8) Owned Following (I) (Instr. 4) Ownership (Instr. 4) Reported (A) or (D) Transaction(s) Code ۷ Price Amount (Instr. 3 and 4) 01/02/2024 477,084 Common Stock 64,935(1) D Α **\$**0 Α See Common Stock Footnote 13,680,554 I #2⁽²⁾

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		n of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Form:	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

Grant of restricted share units. Each restricted share unit represents a right to receive one share of common stock. The restricted share units vest on the earliest to occur of (i) the fifth anniversary of the date of the award, (ii) the date on which the service of the director on the board of directors terminates, or (iii) a Change of Control (as defined in the award documents).
Held by funds of which DAFNA Capital Management LLC, a Delaware Limited Liability Company, is the investment manager and general partner. Dr. Fischel is the Chief Executive Officer of DAFNA Capital Management, LLC.

<u>/s/ Kimberly R. Peery,</u> <u>Attorney-in Fact for Nathan</u>

<u>01/02/202</u>4

Auorney-in Fact for Nathan 01 Fischel

** 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.