FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
OMB Number: 3235-0								
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	Check this box if no longer subject
\Box	to Section 16. Form 4 or Form 5
\cup	obligations may continue. See
	Instruction 1(b).

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

							- ()				Tipatiy Act C										
Name and Address of Reporting Person* Fischel Nathan					2. Issuer Name and Ticker or Trading Symbol Stereotaxis, Inc. [STXS]									(Che	ck all app	,	Ü	()			
					Date of Earliest Transaction (Month/Day/Year)								X			X		-			
(Last)	(Fi	rst) (I	Middle)		07/03/2023									belov	er (give title v)		Other (s	specily			
C/O STE	REOTAX	IS, INC.			4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
710 NORTH TUCKER BLVD., SUITE 110				, ,								Line)									
															X Form filed by One Reporting Person Form filed by More than One Reporting						
(Street) ST. LOU	IIS M	IO 63101												Pers		10 1110	ar one rep	orting			
——————————————————————————————————————	T. LOUIS, MO 63101				Rule	Rule 10b5-1(c) Transaction Indication															
(City)	(Si	tate) (ž	Zip)																		
() () () () () () () () () ()					Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.																
												. ,		<i>.</i>							
			I - NO	n-Derivat					1	DIS	1				-						
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day				.	Execu	Deemed cution Date, y nth/Day/Year)		Transaction Disposed Code (Instr. 5)		ties Acquired (A l Of (D) (Instr. 3			Securi	curities neficially ned		n: Direct or ect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
									Code	v	Amount	(A (D	() or ()	Price		ed action(s) 3 and 4)					
Common	Stock			07/03/20	023				A		47,619 ⁽¹⁾ A		A	\$ <mark>0</mark>	41	412,149		D			
Common Stock													13,680,554			I	See Footnote #2 ⁽²⁾				
		Tab	ole II -	Derivativ											Owne	d					
1. Title of Derivative Security (Instr. 3)	rivative Conversion Date Execution Curity or Exercise (Month/Day/Year) if any				Code (Inst				6. Date E Expiration (Month/I	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and		4) Disconnection (III	Price of erivative ecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	,	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)				
					Code	Code V (A) (D)					Expiration Date Title		of								

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 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).
- 2. 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.

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

Attorney-in-Fact, for Nathan 07/03/2023

<u>Fischel</u>

** 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.