## FORM 4

obligations may continue. See Instruction 1(b).

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

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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>Alafi Christopher D</u>					2. Issuer Name and Ticker or Trading Symbol Stereotaxis, Inc. [ STXS ]										Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director X 10% Owner						
(Last) P.O. BO	•	(First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 08/26/2009									Officer (give tit below)				er (specify		
(Street) BERKEL	LEY C.	A 9	94707	7	4.	If Amen	dment, [	Date	of Ori	ginal F	iled (Month/[	Day/Year	)	6. Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting							
(City)	(S	tate) (	Zip)												Person						
		Tabl	e I -	Non-Deriv	ativ	e Sec	urities	Ac	quir	ed, [	Disposed	of, or	Benefi	ciall	y Owne	ed					
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)			3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			Beneficially Owned Followir		es ally Following	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		08/26/20	26/2009				P		30,000	A	\$3.490	07(1)	30,000(2)		I		by Mother				
Common	Stock														175	,136		D			
Common	Stock														2,2	225		I	Alafi Family Foundation		
Common	Stock														3,891,373		I		Alafi Capital Company LLC		
Common	Stock														50,	000		I	Christopher Alafi Trust		
		Та	ble	II - Derivat (e.g., p							sposed of , converti				Owned						
1. Title of Derivative Security (Instr. 3)	Conversion Date Exector Exercise (Month/Day/Year) if any					5. Numb of Derivativ Securitie Acquirer (A) or Dispose of (D) (Instr. 3, and 5)		tive ties ed ed	Expi	iration	ercisable and Date y/Year)	Amou Secur Under Deriva Secur	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		Price of erivative ecurity estr. 5)	9. Numbe derivative Securitie Beneficia Owned Following Reported Transacti (Instr. 4)	e s ally g	10. Ownersh Form: Direct (D or Indirec (I) (Instr.	Beneficial Ownership tt (Instr. 4)		
					Code	V	(A)	(D)	Date	e rcisabl	Expiratior e Date	ı Title	Amour or Numbe of Shares	er							

## **Explanation of Responses:**

- 1. The reported price is the weighted average purchase price per share for 7 transactions in which the purchase prices ranged from \$3.48 to \$3.50 per share. The reporting person undertakes to provide full information regarding the number of shares purchased at each separate purchase price upon request of the Securities and Exchange Commission staff, the issuer or any security holder of the issuer.
- 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.

/s/ Margaret S. Stohr, Attorney-08/28/2009 in-Fact

\*\* 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.