FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | 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(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 an | | 2. Issuer Name and Ticker or Trading Symbol Stereotaxis, Inc. [STXS] | | | | | | | | Check | all app | licable) | g Person(s) to Is | | | | | |
|--|---|---|-------------------|------------------------|-------|--|--------|---|---|-------------------------------|--------------------|----------|---|--|-----------------|---|---|--|
| (Last) C/O STE 4320 FO | | 3. Date of Earliest Transaction (Month/Day/Year) 05/10/2010 | | | | | | | | X | belov | v) `` | below | | | | | |
| 4320 FOREST PARK AVENUE, SUITE 100 (Street) ST. LOUIS MO 63108 (City) (State) (Zip) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tabl | e I - N | on-Deriv | ative | Seci | uritie | s Ac | quire | d, Di | sposed o | f, or B | Benefici | ially (| Owne | ed | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/N | | | | | | Execution Date, | | ate, | 3. Transaction Code (Instr. 8) 4. Securities Acqu Disposed Of (D) (I | | | | Acquired (A) or (D) (Instr. 3, 4 and | | Securi Benef | icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | Code | v | Amount | (A) or (D) | Price | ͺ Tra | | action(s) 3 and 4) | | (Instr. 4) | | |
| Common | 010 | | | | P | | 10,000 | A | \$4.03 | 45(1) | | 1,787 | D | | | | | |
| 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) | Executi if any | Execution Date, if any | | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | e Exerc tion Da h/Day/\ | | | it of ties ying tive | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exerci | isable | Expiration Date | Title | Amount or Number of Shares | | | | | |

Explanation of Responses:

1. The reported price is the weighted average purchase price per share for multiple transactions in which the purchase prices ranged from \$4.03 to \$4.04 per share. The reporting person undertakes to provide full information regarding the number of shares sold at each separate sales price upon request of the Securities and Exchange Commission staff, the issuer, or any security holder of the issuer.

Remarks:

<u>/s/ Daniel J. Johnston</u> <u>05/10/2010</u>

Date

** Signature of Reporting Person

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.