FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
OMB Number: 3235-028								
Estimated average burden								
hours per response	: 0.5							

	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(b) of the Investment Company Act of 1940

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Name and Address of Reporting Person* Levin Ross B				2. Issuer Name and Ticker or Trading Symbol Stereotaxis, Inc. [STXS]								(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
LCVIII 1033 D					<u> </u>									-	X Di	ector		10% O	wner		
(Last)	(Fi	rst) (N	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 07/03/2023										ficer (give title low)	!	Other (below)	specify			
C/O STEREOTAXIS, INC.					Δ If Λ	4. If Amondment, Date of Original Filed (Month/Day/Moss)								6.1	6. Individual or Joint/Group Filing (Check Applicable						
710 NORTH TUCKER BLVD., SUITE 110			4. If Amendment, Date of Original Filed (Month/Day/Year)									Line)									
															X Form filed by One Reporting Person						
(Street) ST. LOUIS, MO 63101															Form filed by More than One Reporting Person						
J1. LOC	10, 11	0	3101		Dul	Rule 10b5-1(c) Transaction Indication															
(City)	(\$1	ate) (Z	Zip)		Rule 1000-1(c) Halisaction indication																
(City)	(3)	ale) (2	-ip)			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.												tended to			
		Table	l - No	n-Deriva	tive S	ecui	rities	Acq	uired,	Dis	posed of	f, or	r Ben	eficia	ılly O	vned					
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day				Execution			Date,			ies Acquired (A Of (D) (Instr. 3			d Sec Ben Owi Foll	owing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)				
									Code	v	Amount		(A) or (D)	Price	Trai	orted isaction(s) tr. 3 and 4)					
Common	Stock			07/03/2	2023				A		47,619(1	(1) A		\$0		312,622		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)	of 2. 3. Transaction Date Execution Date, or Exercise (Month/Day/Year)			4. Transaction Code (Instr. 8)		Secu Acqu (A) o Disp of (D	vative irities uired or osed) r. 3, 4	6. Date Exercisable a Expiration Date (Month/Day/Year)		te	1		; ;	3. Price of Derivative Security Instr. 5)		ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or Nun of	ount nber res							

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).

/s/ Kimberly R. Peery,

Attorney-in-Fact, for Ross B. 07/03/2023

Levin

** 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.