FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 3235-OMB Number: INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF

OMB APPROVAL 0104 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

SECURITIES

1. Name and A	orting Person*	2. Date of Requiring (Month/Da 08/08/20	Statement ay/Year)	3. Issuer Name and Ticker or Trading Symbol Neuraxis, INC [NRXS]					
	C/O NEURAXIS, INC.				4. Relationship of Reportin Issuer (Check all applicable) Director	ig Person(s) 10% O	File	5. If Amendment, Date of Original Filed (Month/Day/Year)	
11550 N. MERIDIAN STREET, SUITE 325					X Officer (give title below) Chief Medical C	Other (below)	specify 6. I	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person	
(Street) CARMEL	IN	46032	_						by More than One Person
(City)	(State)	(Zip)							
Table I - Non-Derivative Securities Beneficially Owned									
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr. 4) 3. Owne Form: D (D) or In (I) (Instr.		irect Ownership (Instr. 5)		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)									
E			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securitie Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of		6. Nature of Indirect Beneficial Ownership (Instr. 5)
			Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Derivative Security	or Indirect (I) (Instr. 5)	3)
Options (Rig	ght to Buy)		09/09/2021	09/13/2029	Common Stock	337,204	6.94	D	

Explanation of Responses:

/s/ Adrian Miranda

09/13/2023

** 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 5 (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.