(City)

(State)

(Zip)

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL						
OMB Number:	3235- 0104					
Estimated average burden						
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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

2. Date of Event 3. Issuer Name and Ticker or Trading Symbol 1. Name and Address of Reporting Person* Requiring Statement Neuraxis, INC [NRXS] Carrico Brian Allen (Month/Day/Year) 08/08/2023 4. Relationship of Reporting Person(s) to 5. If Amendment, Date of Original Issuer Filed (Month/Day/Year) (Last) (First) (Middle) (Check all applicable) C/O NEURAXIS, INC. Director 10% Owner Officer (give Other (specify 11550 N. MERIDIAN STREET, title below) below) **SUITE 325** CEO, DIRECTOR 6. Individual or Joint/Group Filing (Street) (Check Applicable Line) 46032 CARMEL IN Form filed by One Reporting

Table I - Non-Derivative Securities Beneficially Owned						
1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock	27,118	D				

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exerc Expiration Day/\(\text{(Month/Day/\)}\)				or Exercise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivative Security Direct (D) or Indirect (I) (Instr. 5)		
Options (Right to Buy)	09/09/2021	09/13/2029	Common Stock	320,000	6.94	D	

Explanation of Responses:

/s/ Brian Carrico

08/08/2023

** Signature of Reporting Person

Date

Person

Form filed by More than One

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 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.