FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL							
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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

1. Name and Address of Reporting Person* <u>Henrichs Timothy Robert</u>			2. Date of E Requiring S (Month/Day	tatement	3. Issuer Name and Ticker or Trading Symbol Neuraxis, INC [NRXS]						
(Last) C/O NEUR 11550 N. M SUITE 325	(First) AXIS, INC. ERIDIAN ST	(Middle) ΓREET,	. 08/08/202	3	Issuer (Check a X D	onship of Reporting Il applicable) Director Officer (give tle below)	10% O			Amendment, d (Month/Day/	Date of Original Year)
(Street) CARMEL (City)	IN (State)	46032 (Zip)	,							eck Applicable Form filed I Person	by One Reporting
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)				Beneficial	t of Securities ly Owned (Instr.			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
(t) E		2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of So Underlying Derivative So (Instr. 4)				rsion rcise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr.	
			Date Exercisable	Expiration Date	Title		Amount or Number of Shares			Direct (D) or Indirect (I) (Instr. 5)	5)

Explanation of Responses:

No securities are beneficially owned.

/s/ Timothy Henrichs 08/08/2023

** 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.