SEC Form 4	
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

							Washin	igton, D.C. 2	054	9						OMB	APPRO	VAL		
Sectio obligat	this box if no l n 16. Form 4 o tions may conti ction 1(b).		STAT		l pursu	uant to Se	ction 16(a) of the Secu	ıritie	_	IIP OMB Number: 3235-0 Estimated average burden hours per response:				3235-0287 n 0.5					
	nd Address o	f Reporting Person		or Section 30(h) of the Investment Company Act of 1940 2. Issuer Name and Ticker or Trading Symbol Neuraxis, INC [NRXS]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 08/10/2023									Director X 10% Owner Officer (give title Other (specify below) below)						
52 DISCOVERY					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person						
(Street) IRVINE CA 92618			92618		Form filed by One Reporting Person												One Report	ting Person		
(City) (State) (Zip)						Rule 10b5-1(c) Transaction Indication 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.														
			Table I - Nor	n-Deriva	tive	Securi	ties Aco	quired, D	isp	osed o	f, or I	Bene	ficially 0	Dwned						
1. Title of Security (Instr. 3)				2. Transactior Date (Month/Day/Ye		Execution Da		3. Transacti Code (Ins) 8)					(A) or 3, 4 and 5)	and 5) Securities Beneficial Owned Fo		Form	: Direct Indirect	7. Nature of Indirect Beneficial Ownership		
								Code	/	Amount	Amount (A) or Pi (D) Pi		Price	 Reported Transaction(s) (Instr. 3 and 4) 				(Instr. 4)		
Common	Common Stock 08/				0/2023		с		531,5	548 A		(1)	531,5	548		D				
			Table II - I					uired, Dis , options						vned			<u> </u>			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date if any (Month/Day/Yea	Code			ve es d (A) or d of (D)	6. Date Exercisabl Expiration Date (Month/Day/Year)		Securities Und		nderlying ecurity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported		10. Ownershij Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership t (Instr. 4)			
				Code	v	(A)	(D)	Date Exercisable		xpiration ate	r		mount or lumber of hares		Transaction(s) (Instr. 4)					
Series A Preferred Stock	(1)	08/10/2023		С			265,774	(1)		(1)	Comn Stoc		31,548 ⁽¹⁾	\$0	0)	D			
Pre- Funded Warrant, Series A Preferred Stock (Right to Buy)	\$0.0001	08/10/2023		С			144,890	(2)		(2)	Series Prefer Stoc	red 1	.44,890 ⁽²⁾	\$0	0)	D			
Pre- Funded Warrant, Common Stock (Right to	\$0.0005	08/10/2023		С		289,779		(2)		(2)	Comn Stoc		289,779	\$0	289,	779	D			

Explanation of Responses:

1. Each one share of Series A Preferred Stock converted automatically upon the Issuer's consummation of an initial public offering into two shares of the Issuer's Common Stock. The Series A Preferred Stock had no expiration date.

2. The Pre-Funded Warrant (the "Warrant") is currently exercisable and has no expiration date. Upon the Issuer's consummation of an initial public offering, the Warrant automatically converted into a warrant exercisable for 289,779 shares of Issuer's Common Stock, and the exercise price was adjusted to be \$0.00005 per share of the Issuer's Common Stock.

Remarks:

Buy)

/s/ Micah Young, Executive Vice 08/10/2023 President & Chief Financial Officer, Masimo Corporation ** 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.