FORM 3

UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB 3235- Number: 0104 Estimated average burden hours per response 0.5	OMB APP	ROVAL
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burden hours per	Number:	0104
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response 0.5	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

INC., 15245 SHADY GROVE ROAD, SUITE 455 (Street) ROCKVILLE, MD 20850 Table I - Non-Derivative Securities Beneficially Owned (Instr. 4) 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 control number. Table II - Derivative Security 2. Date Exercisable Director X. Officer (give below) President and CFO 6. Individual or Joint/Group Filing(Check Applicable Line) X. Form filed by More than One Reper Person 6. Individual or Joint/Group Filing(Check Applicable Line) X. Form filed by More than One Reper Person 6. Individual or Joint/Group Filing(Check Applicable Line) X. Form filed by More than One Reper Person 6. Individual or Joint/Group Filing(Check Applicable Line) X. Form filed by More than One Reper Person 6. Individual or Joint/Group Filing(Check Applicable Line) X. Form filed by More than One Reper Person 6. Individual or Joint/Group Filing(Check Applicable Line) X. Form filed by More than One Reper Person 6. Individual or Joint/Group Filing(Check Applicable Line) X. Form filed by One Reporting Person Form filed by One Reporting Person Form filed by One Reporting Person General Person 6. Individual or Joint/Group Filing(Check Applicable Line) X. Form filed by One Reporting Person General P	Person *						
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(Instr. 4) Price of Derivative Security:	(Instr. 4) and		+)			
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of Shares (I)	(Instr. 4) and (Mon	Expiration Date	Title Ar		Security	Direct (D) or Indirect	
(Instr. 5)	(Instr. 4) and (Mon	*	Title Ar		Security	or Indirect	
	(Instr. 4) and (Mon	*	Title Ar		Security	or Indirect (I)	

Reporting Owners

Reporting Owner Name / Address	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Swirsky Douglas J C/O REXAHN PHARMACEUTICALS, INC. 15245 SHADY GROVE ROAD, SUITE 455 ROCKVILLE, MD 20850			President and CFO		

Signatures

/s/ Douglas J. Swirsky	01/04/2018
**Signature of Reporting Person	Date

Explanation of Responses:

No securities are beneficially owned

- * 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).

Remarks:

No securities are beneficially owned by the reporting person.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, See Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.