FORM 4	
Check this box if no	

(Print or Tyr

Check this box if no
longer subject to
Section 16. Form 4 or
Form 5 obligations
may continue. See
Instruction 1(b).

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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Ations *b. See* 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 * Beever Charles	2. Issuer Name and Ticker or Trading Symbol REXAHN PHARMACEUTICALS, INC. [RXHN]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(Last) (First) 9620 MEDICAL CENTER DRIVE, O PHARMACEUTICALS, INC.	NO DETTATE	3. Date of Earliest Transaction (Month/Day/Year) 05/01/2006							her (specify belo	w)			
(Street) ROCKVILLE, MD 20850	4	4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State)	(Zip)	Table I - Non-Derivative Securities Acquire						uired, Disposed of, or Beneficially Owned					
1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code(A) or Disposed of (D)(Instr. 8)(Instr. 3, 4 and 5)		Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D)	Beneficial Ownership						
			Code	v	Amount	(A) or (D)	Price		or Indirect (I) (Instr. 4)	(Instr. 4)			

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained SEC 1474 (9-02) in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)															
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Number 6. Date H		6. Date Exercisa	ate Exercisable and		7. Title and		9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transact	ion	of		Expiration Date		Amount of Der		Derivative	Derivative	Ownership	of Indirect
		(Month/Day/Year)		Code		Derivati	ve	(Month/Day/Yea	ur)	Underlying Security		Securities	Form of	Beneficial	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8))	Securitie					Beneficially	Derivative	Ownership		
	Derivative					Acquire	đ			· /			2	(Instr. 4)	
	Security					(A) or							0	Direct (D)	
						Dispose	d of						1	or Indirect	
						(D) (Luctur 2)	4						Transaction(s)	< / <	
						(Instr. 3, and 5)	4,						(Instr. 4)	(Instr. 4)	
						and 5)									
											Amount				
								Date	Expiration	Title	or				
								Exercisable	Date	Inte	Number of				
				Code	v	(A)	(D)				Shares				
				Couc	v	(A)	(D)				Shares				
Stock															
option	\$ 1.2	05/01/2006		А		20,000		05/01/2007 <mark>(1)</mark>	05/01/2016	Common stock	20,000	\$ 0	20,000	D	
(right to	ψ 1.2	05/01/2000		11		20,000		03/01/2007	05/01/2010	stock	20,000	ψŪ	20,000	D	
buy)															

Reporting Owners

Reporting Owner Name / Address	Relationships							
reporting o when runno, maintos	Director	10% Owner	Officer	Other				
Beever Charles 9620 MEDICAL CENTER DRIVE C/O REXAHN PHARMACEUTICALS, INC. ROCKVILLE, MD 20850	Х							

Signatures

/s/ Tae Heum Jeong as attorney-in-fact for Charles Beever	05/03/2006
Signature of Reporting Person	Date

Explanation of Responses:

* 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).

(1) Options vest on first anniversary of date of grant.

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.