FORM 4	
Check this box if no	

(D......

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

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

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STATEMENT OF CHANGES IN 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

I. Name and Address of Reporting Person + McIntosh David M	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) C/O REXAHN PHARMACEUTICAL MEDICAL CENTER DRIVE	a DIG 0(00	3. Date of Earliest Transaction (Month/Day/Year) 06/11/2007						her (specify belo	w)		
(Street) ROCKVILLE, MD 20850		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)	T	fable I - Nor	1-Dei	rivative Se	ecurities	a Acqu	ired, Disposed of, or Beneficially Own	ed		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution Date, if any	(Instr. 8)		(A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	Ownership of Ir Form: Ben	Beneficial	
		(Month/Day/Year)	Code	V	Amount	(A) or (D)	Price	× 2	or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	

Reminder: Report on a separate line for each class of securities beneficially ow	ned 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)																								
	Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transact Code	tion)	5. Numb	ve es d d of	6. Date Exercisa Expiration Date (Month/Day/Yea	ble and ar)	7. Title and Amount of Underlying Securities		7. Title and Amount of Underlying Securities				7. Title and Amount of Underlying Securities		7. Title and Amount of Underlying Securities		7. Title and Amount of Underlying Securities	Title and Amount8UnderlyingDccuritiesS			Ownership Form of Derivative Security: Direct (D) or Indirect	Beneficial
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares														
Stock Option (Right to Buy)	\$ 0.8							<u>(2)</u>	04/20/2014	Common Stock	125,000		125,000	D											
Stock Option (Right to Buy)	\$ 3							09/12/2006	09/12/2015	Common Stock	20,000		20,000	D											
Stock Option (Right to Buy)	\$ 1.2							05/01/2007	05/01/2016	Common Stock	20,000		20,000	D											
Stock Option (Right to Buy)	\$ 1.4	06/11/2007		А		20,000		06/11/2008 <u>(1)</u>	06/11/2017	Common Stock	20,000	\$ 0	20,000	D											

Reporting Owners

Derection Ormer Name (Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
McIntosh David M C/O REXAHN PHARMACEUTICALS, INC. 9620 MEDICAL CENTER DRIVE ROCKVILLE, MD 20850	Х						

Signatures

/s/ Tae Heum Jeong, as attorney-in-fact for David M. McIntosh	06/13/2007
**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 fully vest on the first anniversay of the date of grant.

(2) 30% of the options vested and became exercisable on April 20, 2005; another 30% of the options vested and became exercisable on April 20, 2006; and the remaining 40% of the options vested and became exercisable on April 20, 2007.

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.