## FORM 4

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

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

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

**Reporting Owners** 

#### 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

(Print or Ty	pe Response	s)																	
Name and Address of Reporting Person * Beever Charles				2. Issuer Name <b>and</b> Ticker or Trading Symbol REXAHN PHARMACEUTICALS, INC. [RXHN.OB]									5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)  X_Director Officer (give title below) Other (specify below)						
(Last) (First) (Middle) C/O REXAHN PHARMACEUTICALS, INC, 9620 MEDICAL CENTER DRIVE				3. Date of Earliest Transaction (Month/Day/Year) 04/08/2008								ar)							
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)								Year)	6. Individual or Joint/Group Filing(Check Applicable Line)  X. Form filed by One Reporting Person  X. Form filed by More than One Reporting Person						
ROCKVILLE, MD 20850													Form filed by More than One Reporting Person						
(City) (State) (Zip)				Table I - Non-Derivative Securities Acqui															
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year		(Instr. 8)			4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)  (A) or			of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			ed	Ownership Form: of Indire Benefici	Beneficial Ownership		
C	C41-		04/09/2009					ode P	V	Amo	unt	(D)	Price \$	1.000	<u> </u>		ı	(Instr. 4)	
Common Stock			04/08/2008							1,00			2.50 \$	1,000				D	
Common Stock			04/08/2008				Р		3,36	2 <i>A</i>	<b>A</b>	2.50	4,362	2			D		
Common Stock		04/08/2008					P		500	A	<b>A</b>	\$ 2.495	4,862	2			D		
Common Stock		04/08/2008					P		1,96	0 A	A .	\$ 2.495	6,822	322			D		
Common Stock		04/08/2008					P		500	A	Δ	\$ 2.49	7,322	2			D		
Common Stock		04/08/2008					P		1,17	8 A	A S	\$ 2.40	8,500	3,500			D		
Common Stock		04/08/2008					P		500	A	Δ	\$ 2.35	9,000	0,000			D		
Common Stock		04/08/2008				P		500	A	A .	\$ 2.30	9,500	)			D			
Common Stock		04/08/2008				P		500	A	Δ	\$ 2.25	10,00	,000			D			
Reminder:	Report on a	separate line for eac	h class of securities	beneficia	ally	owned	direc						1					ana	47.4 (0.02)
									cont	ained	in t	his for	m are	not re	quired	of informa to respond ntrol numb	d unless th		474 (9-02)
			Table II -											Own	ed				
Security	Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transac Code	tion	5. Nu of	vative rities ired rosed	Expiration Date Amo (Month/Day/Year) Undo Secu				7. Tit Amo Unde Secur	Title and Amount of Inderlying Securities (Instr. 3 and 4)		Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transactions (Instr. 4)	Ownersh Form of Derivativ Security Direct (I or Indire	O) ct	
				Code	v	(A)	(D)	Date Exerci	sable	2	Expi Date	ration	Title		Amount or Number of Shares				
Stock Options (right to buy)	\$ 1.20							05/01	/200	)7 <mark>(1)</mark>	05/0	01/2016	<b>1</b>	nmon ock	20,000		20,000	D	
Stock Options (right to buy)	\$ 1.40							06/11	/200	)8 <mark>(1)</mark>	06/1	1/2017	/	nmon ock	20,000		20,000	D	

Relationships

Reporting Owner Name / Address	Director	10% Owner	Officer	Other
Beever Charles C/O REXAHN PHARMACEUTICALS, INC 9620 MEDICAL CENTER DRIVE ROCKVILLE, MD 20850	X			

## **Signatures**

/s/ Tae Heum Jeong for Charles Beever	04/09/2008		
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) These options vest on the first anniversary of the 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.