FORM 4

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

OMB APPROVAL OMB Number: 3235 Estimated average burden 3235-0287 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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

(Print or 13	pe Kesponse	es)														
1. Name and Address of Reporting Person * McIntosh David M			2. Issuer Name and Ticker or Trading Symbol REXAHN PHARMACEUTICALS, INC. [RNN]						J]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
		(First) ARMACETICAL ER DRIVE	C TATO OCOO	3. Date of 06/30/2			ınsac	tion (Month/D	ay/Year)		Officer (give	title below)		(specify below)		
(Street)				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					
ROCKVILLE, MD 20850																
(Cit	y)	(State)	(Zip)			Ta	ble I	- Non-Deriva	tive Securities	s Acquirec	l, Disposed	of, or Bene	ficially Owner	d		
(Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		Date, if ((Instr. 8)		Securities Acq) or Disposed of str. 3, 4 and 5) (A) or nount (D)	of (D) Ow Tra	Owned Following Reported Transaction(s) (Instr. 3 and 4)		d OFO	wnership of orm: Be irect (D) O' Indirect (Indirect (Ind	eneficial wnership		
Reminder:	Report on a	separate line for eac						Persons containe form dis	who responed in this for plays a curre	m are not ently vali	required d OMB co	to respond	d unless the	SEC 14	74 (9-02)	
									ed of, or Bene vertible secur		wned					
	Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Expiration Date of (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	Beneficial	
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					
Stock Options (right to buy)	\$ 0.80							<u>(1)</u>	04/20/2014	Common Stock	125,000		20,000	D		
Stock Options (right to buy)	\$ 3							09/12/2006	09/12/2015	Common Stock	20,000		20,000	D		
Stock Options (right to buy)	\$ 1.20							05/01/2007	05/01/2016	Commo	20,000		20,000	D		
Stock Options (right to buy)	\$ 1.40							06/11/2008	06/11/2017	Commo	20,000		20,000	D		
Stock Options (right to buy)	\$ 3.24	06/30/2008		A		20,000		(2)	06/30/2018	Common	20,000	\$ 0	20,000	D		

Signatures

McIntosh David M

Reporting Owners

Reporting Owner Name / Address

C/O REXAHN PHARMACETICALS, INC.

9620 MEDICAL CENTER DRIVE ROCKVILLE, MD 20850

/s/ Tae Heum Jeong, as attorney-in-fact for David M. McIntosh		08/27/2008	
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Director

X

Relationships

10% Owner Officer Other

**Cinnetena (CD) and the Dance	Date			
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) 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.
- (2) These options vest and become exercisable in full on June 30, 2009.

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.