## FORM 4

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

OMB APPROVAL					
OMB Number:	3235-0287				
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ours 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).

#### 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

(1 IIII OI I)	pe reesponse	<i>(3)</i>													
1. Name and Address of Reporting Person * Kang Y Michele				2. Issuer Name and 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)				
		(First) ARMACEUTICA ER DRIVE	LS, INC., 9620	3. Date of 06/30/2			nsact	ion (Month/Da	ny/Year)						
(Street) ROCKVILLE, MD 20850				4. If Amendment, Date Original Filed(Month/Day/Year)						_X_	6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person _Form filed by More than One Reporting Person				
(Ci		(State)	(Zip)			Tal	ble I	- Non-Deriva	tive Securities	s Acquired.	Disposed	of, or Bene	ficially Owne	d	
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year			2A. Deemed Execution Date, if		Date, if C	(Instr. 8)		A) or Disposed of (D) (Instr. 3, 4 and 5)  (A) or Manual (A) or Disposed of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			Ownership of Form: Of	eneficial wnership	
Reminder:	Report on a	separate line for eac		· Derivat	ive S	Securities	Acq	Persons in this fo displays uired, Dispose	who respon orm are not r a currently	equired to valid OME ficially Ow	respond control r	unless th		sed SEC 14	74 (9-02)
1 Title of	12	3 Transaction	3 A Deemad	( <i>e.g.</i> , pu	ts, c				vertible securi	<del>1                                    </del>	d Amount	& Price of	0 Number o	£ 10	11 Notu
	Conversion			Transaction Deri Code Sect (Instr. 8) Acq or D of (I		Derivative Securities Acquired or Dispose of (D)	Derivative Expirements (More Acquired (A) or Disposed of (D) Instr. 3, 4,		te Exercisable and ation Date th/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s)	Ownership Form of Derivative Security: Direct (D) or Indirect	Beneficia
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4)	
Stock Options (right to buy)	\$ 1.20							05/01/2007	05/01/2016	Common Stock	20,000		20,000	D	
Stock Options (right to buy)	\$ 1.40							06/11/2007	06/11/2017	Common Stock	20,000		20,000	D	
Stock Options (right to	\$ 3.24	06/30/2008		A		20,000		(1)	06/30/2018	Common Stock	20,000	\$ 0	20,000	D	
buy)							1								

#### **Reporting Owners**

Donastina Commun Name / Addison	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Kang Y Michele C/O REXAHN PHARMACEUTICALS, INC. 9620 MEDICAL CENTER DRIVE ROCKVILLE, MD 20850	X						

## **Signatures**

/s/ Tae Heum Jeong, as attorney-in-fact for Y. Michele Kang	08/27/2008
**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 and become exercisable in full on June 30, 2009.
- (2) 30% of the options vest and become exercisable on August 12, 2009; another 30% of the options vest and become exercisable on August 12, 2010; and the remaining 40% of the options vest and become exercisable on August 12, 2011.

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.