FORM 5

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

OMB APPROVAL					
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Estimated average burden					
hours per response	1.0				

subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Form 3 Holdings Reported Form 4 Transactions Reported

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person Soni Rakesh	2. Issuer Name and Ticker or Trading Symbol REXAHN PHARMACEUTICALS, INC. [RNN]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
(Last) (First)		. Statement for Issue Month/Day/Year)	er's Fiscal Year F	Inded		X Officer (give title below) Other (specify below) Chief Business Officer				
C/O REXAHN PHARMACEUTICA INC., 9620 MEDICAL CENTER DR	7	12/31/2008								
(Street)	4	4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Reporting (check applicable line)				
ROCKVILLE, MD 20850							_X_Form Filed by One Reporting PersonForm Filed by More than One Reporting Person			
(City) (State)	(Zip)	Ta	ble I - Non-Deri	vative Se	curities	Acqui	red, Disposed of, or Beneficially Ow	ned		
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)		of (D)			Beneficial Ownership	
				Amount	(A) or (D)	Price		or Indirect (I) (Instr. 4)	(Instr. 4)	
Common Stock	06/26/2007		P4 ⁽¹⁾	1,000	A	\$ 1.60	1,000	D		
Common Stock	07/06/2007		P4 ⁽¹⁾	1,000	A	\$ 1.86	2,000	D		
Common Stock	12/21/2007		P4 ⁽¹⁾	1,000	A	\$ 1.50	3,000	D		
Common Stock	05/27/2008		S4 ⁽¹⁾	300	D	\$ 5.97	2,700	D		

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 in this form are not required to respond unless the form displays a currently valid OMB control number.

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

Security (Instr. 3)	Conversion	Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr. 8)		e Expiration Date (Month/Day/Year) (A) ed		of Underlying Securities		Derivative Security (Instr. 5) Securities Beneficially Owned at End of		Ownership Form of Bene Derivative Own	Beneficial	
					(A)		Exercisable	Expiration Date	Title	Amount or Number of Shares		Fiscal Year (Instr. 4)	(Instr. 4)	
Non- statutory stock option	\$ 0.78	12/11/2008		A4	250,000		(2)	12/11/2018	Common Stock	250,000	\$ 0	250,000	D	
Non- statutory stock option	\$ 1.29	09/30/2008		A4	300,000		(3)	09/30/2018	Common Stock	300,000	\$ 0	300,000	D	

Reporting Owners

Reporting Owner Name / Address	Relationships					
Reporting Owner Name / Address		10% Owner	Officer	Other		
Soni Rakesh						
C/O REXAHN PHARMACEUTICALS, INC.			Chief Business Officer			
9620 MEDICAL CENTER DRIVE			Ciliei Busiliess Officei			
ROCKVILLE, MD 20850						

Signatures

/s/ Tae Heum Jeong, attorney-in-fact	01/27/2009
**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) Each of these transactions occurred prior to Mr. Soni's appointment as an executive officer.
- (2) These options will vest and become exercisable as to 30% of the options on December 11, 2009; another 30% of the options December 11, 2010; and the remaining 40% of the options on December 11, 2011.
- (3) These options will vest and become exercisable as to 30% of the options on September 30, 2009; another 30% of the options September 30, 2010; and the remaining 40% of the options on September 30, 2011.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.