FORM 4

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

| OMB APPROVAL | | | | | |
|--------------------------|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | |
| Estimated average burden | | | | | |
| nours per response | | | | | |

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

| (Print or Ty | pe Response | es) | | | | | | | | | | | | | |
|---|---|------------------|---|--|----------------------------------|------------|---|---|-----------------------|--|--|--|---|---------------------------------|---------------------|
| 1. Name and Address of Reporting Person * McIntosh David M | | | | 2. Issuer Name and Ticker or Trading Symbol REXAHN PHARMACEUTICALS, INC. [RNN] | | | | | | 1 | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | |
| (Last) (First) (Middle) C/O REXAHN PHARMACETICALS, INC., 15245 SHADY GROVE ROAD, SUITE 455 | | | 07/ | 3. Date of Earliest Transaction (Month/Day/Year) 07/30/2009 | | | | | | | er (give title belo | ow) | Other (specify | below) | |
| ROCKVILLE, MD 20850 | | | 4. I | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | _X_ Form fi | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting PersonForm filed by More than One Reporting Person | | | | |
| (City | ·) | (State) | (Zip) | | Tal | ble I - No | n-Dei | ivative S | ecuriti | es Acq | uired, Disp | osed of, or | Beneficially | Owned | |
| 1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y | | Exe (ear) any | 2A. Deemed Execution Date, if any (Month/Day/Year) | | f Code (Instr. 8) | | 4. Securities Acqu (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Beneficia Reported | mount of Securities efficially Owned Following orted Transaction(s) tr. 3 and 4) | | Form: Direct (D) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | Code | · V | Amour | (A) o | r Price | e | | | (I) (Instr. 4) | |
| Common | Stock | | 07/30/2009 | | | P | | 2,800 | A | \$ 0.80 | 2,800 | | | I | By son |
| Common | Stock | | 07/30/2009 | | | P | | 2,800 | A | \$ 0.80 | 2,800 | | | I | By daughter |
| Reminder: indirectly. | Report on a | separate line f | for each class of | securitie | es beneficially | owned di | rectly | or | | | | | | | |
| muncetry. | | | | | | | con | tained i | n this i | form a | re not rec | ection of in quired to re d OMB co | espond un | less | SEC 1474 (9- 02) |
| | | | Table | | vative Securiti | | | | | | | d | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | Year) Execution | med on Date, it | 4. f Transaction Code (Instr. 8) | 5. Numb | er 6. l and we (M | and Expiration Date (Month/Day/Year) Art Se | | Fitle and nount of derlying Security (Instr. 5) Bene Str. 3 and St | | | Owner Form of Deriva Securit Direct or India | tive Ownership y: (Instr. 4) | |
| | | | | | Code V | (A) (I | | te ercisable | Expirat Date | ion Ti | or Number of Shares | | | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|---|---------------|-----------|---------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| McIntosh David M C/O REXAHN PHARMACETICALS, INC. 15245 SHADY GROVE ROAD, SUITE 455 ROCKVILLE, MD 20850 | X | | | | | | |

Signatures

| /s/ Tae Heum Jeong, as attorney-in-fact for David M. McIntosh | 08/06/2009 |
|---|------------|
| **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).

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.