FORM 4	4
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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

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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. Name and Address of Reporting I Ahn Chang Ho	2. Issuer Name and Ticker or Trading Symbol REXAHN PHARMACEUTICALS, INC. [RNN]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner			
(Last) (First) C/O REXAHN PHARMACEU INC., 15245 SHADY GROVE 455	3. Date of Earliest Transaction (Month/Day/Year) 04/01/2011						X Officer (give title below) Other (specify below) Chairman & CEO			
(Street) ROCKVILLE, MD 20850	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			
(City) (State)	(Zip)	Tab	ole I - Non-	-Der	ivative Sec	uritie	s Acqui	red, Disposed of, or Beneficially	Owned	
1.Title of Security (Instr. 3) 2. Transactic Date (Month/Day,				ction	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form:	Beneficial
		(Month/Day/Year)	Code	V	Amount	(A) or (D)	Price	(Instr. 3 and 4)	Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common Stock	04/01/2011		Р		320,846	А	\$ 1.22 (1)	10,330,846	D	
Common Stock								500,000	I	Owned by spouse (2)
Reminder: Report on a separate line indirectly.	for each class of secu	irities beneficially o		Pers	sons who			the collection of informatior		EC 1474 (9- 02)

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(<i>e.g.</i> , puts, calls, warrants, options, convertible securities)															
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Nu	mber	6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivativ	e Conversion	Date	Execution Date, if	Transacti	on	of		and Expiration Date		Amo	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		Deriv	ative	(Month/Day/Year)		Unde	rlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)		Secur	ities	· · · ·		Secu	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					Acqui	ired			(Instr	. 3 and		Owned	Security:	(Instr. 4)
	Security					(A) oi	r			4)			Following	Direct (D)	
						Dispo	sed						Reported	or Indirect	
						of (D)							Transaction(s)	< /	
						(Instr.							(Instr. 4)	(Instr. 4)	
						4, and	l 5)								
											Amount				
								Date	Expiration		or				
								Exercisable		Title	Number				
								Excicisable	Date		of				
				Code	V	(A)	(D)				Shares				

Reporting Owners

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Ahn Chang Ho C/O REXAHN PHARMACEUTICALS, INC. 15245 SHADY GROVE ROAD, SUITE 455 ROCKVILLE, MD 20850	Х	Х	Chairman & CEO					

Signatures

/s/ Tae Heum Jeong for Chang H. Ahn	04/05/2011
Signature of Reporting Person	Date

Explanation of Responses:

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

On April 1, 2011, the reporting person acquired 320,846 shares from a family trust in satisfaction of an existing indebtedness of that trust to the reporting person in the (1) amount of \$391,423. A third party is the trustee of the trust, and the reporting person does not have any voting or dispositive power with respect to the shares held by the trust.

(2) Includes 500,000 shares owned by the reporting person's wife, as to which the reporting person disclaims beneficial ownership.

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.

^{*} If the form is filed by more than one reporting person, see Instruction 4(b)(v).