FORM 4

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

OMB APPROVAL									
OMB Number:	3235-0287								
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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).

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)															
Name and Address of Reporting Person * Suzdak Peter David									er or Trading S	•		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Suzdak P	REXAHN PHARMACEUTICALS, INC. [RNN] 3. Date of Earliest Transaction (Month/Day/Year)																
C/O REX	AHN PHA	ARMACEUTICA			01/12/			11340	tion (Wonth)	ay/ 1 car)				xecutive Offi			
SHADY	GROVE R	OAD, SUITE 45 (Street)	5														
	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									
ROCKVILLE, MD 20850												Form filed by More than One Reporting Person					
(City) (State) (Zip)							T	able	I - Non-Deriv	ative Securiti	es Acquire	d, Disposed o	f, or Benef	icially Owne	d		
1.Title of S	Security		2. Transaction Date	action	2A. Deeme					Securities Acc						7. Nature	
(Instr. 3)				/Day/Year	ar) Execution I any (Month/Day		,	Code (Instr		 a) or Disposed nstr. 3, 4 and 5 	· /	med Followin	d Following Reported			of Indirect Beneficial	
			(Wionali Day) 1	Day, I ca.				(111041	(1		/	Instr. 3 and 4)		D	Direct (D)	Ownership	
									(A) or					or Indirect (I)	(Instr. 4)		
								Co	ode V A	mount (D)	Price				(Instr. 4)		
Reminder	Report on a	separate line for eac	h class of s	ecurities l	nenefici:	ally a	owned dire	ectly	or indirectly								
reminder	report on a	separate fine for each	ii ciass or s	ccurries	ociieriei.	,	owned dire	ctry		who respo	nd to the o	collection of	f informati	on contain	ed SEC 1	474 (9-02)	
										orm are not itly valid OM			ınless the	form displa	ıys		
										·							
			,	Table II -					quired, Dispos s, options, con			vned					
Title of Derivative	2. Conversion	3. Transaction	3A. Deem		f Transaction Code		Derivative I		6. Date Exerc Expiration D			d Amount of	Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s)		11. Natur	
Security		(Month/Day/Year)		Date, II					(Month/Day/		(Instr. 3 an	and 4)			Form of	Beneficia	
(Instr. 3)	Price of Derivative			or of (Is		Acquired or Dispos					Derivativ Security:						
	Security					of (D)						Direct (D			D) (
						(Instr. 3, and 5)	4,					or Indirection (s) (I)			ct		
									Date	Expiration		Amount or		(Instr. 4)	(Instr. 4)		
					Code	v	(A)	(D)	Exercisable	Date	Title	Number of Shares					
Stock					Code	Ť	(21)	(D)				Shares					
Option	\$ 1.14	01/12/2014			A		350,000		<u>(1)</u>	01/12/2024	Commo	350,000	\$ 0	350,000	D		
(right to		01/12/2014			А		330,000		127	01/12/2024	Stock	330,000	\$ 0	330,000			
purchase))																
Stock Option											Commo						
(right to	\$ 0.37								02/04/2013	02/04/2023	Stock	1,200,000		1,200,000) D		
purchase))																
Danar	ting O	wnore															
кероі	ung O	WHEIS															
R	Relationships																
Reporting Owner Name / Address Director					or 10% Owner Officer					Other							
Suzdak Peter David																	
C/O REXAHN PHARMACEUTICALS, INC. 15245 SHADY GROVE ROAD, SUITE 455					Chief Executive			ecutive Offi	ve Officer								
ROCKVILLE, MD 20850																	
Signat	tures																

Explanation of Responses:

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

/s/ Tae Heum Jeong, as attorney-in-fact for Peter D. Suzdak

Signature of Reporting Person

- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) Options will vest and be exercisable based on the following schedule: 105,000 on January 12, 2015, 105,000 on January 12, 2016, and 140,000 on January 12, 2017.

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.

01/14/2014

Date