FORM	4

(Drint or Type Dec

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

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

(Time of Type Responses)												
1. Name and Address of Beever Charles	of Reporting Person		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 10% Owner				
(Last) C/O REXAHN PH. INC, 15245 SHAD		ALS,	3. Date of Earliest Transaction (Month/Day/Year) 06/09/2014						Officer (give title below)O	ther (specify belo	ow)	
(Street) 4. If Amendment, Dat ROCKVILLE, MD 20850					Fileo	iled(Month/Day/Year) 6. Individual or Joint/Group Filing(Check Applicable _X_Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(State)	(Zip)	T	able I - Nor	1-Dei	ivative S	ecurities	s Acqu	ired, Disposed of, or Beneficially Ow	ned		
1. Title of Security		2. Transaction	2A. Deemed 3. Transaction 4. Securities Acquired						5. Amount of Securities Beneficially	6.	7. Nature	
(Instr. 3)		Date	Execution Date, if Code (A) or Disposed of (D)					Owned Following Reported	Ownership	of Indirect		
		(Month/Day/Year)	r) any (Instr. 8) (Instr. 3, 4 and 5)						Transaction(s)	Form:	Beneficial	
			(Month/Day/Year)						(Instr. 3 and 4)	Direct (D)	Ownership	
										or Indirect	(Instr. 4)	
							(A) or			(I)		
				Code	V	Amount	(D)	Price		(Instr. 4)		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information SEC 1474 (9-02) contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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

(e.g., puts, calls, warrants, options, convertible securities)															
1. Title of	2.	3. Transaction	3A. Deemed	4. 5. Number		6. Date Exercisable and		7. Title and		8. Price of	9. Number of	10.	11. Nature		
Derivativ	e Conversion	Date	Execution Date, if	Transact	ion of		Expiration Date		Amount of		Derivative	Derivative	Ownership	of Indirect	
Security	or Exercise	(Month/Day/Year)	any	Code		Derivativ	ve	(Month/Day/Year)		Underlying		Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8))	Securitie	Securities		Securities (Instr. 5)		(Instr. 5)	Beneficially	Derivative	Ownership	
	Derivative					Acquired	f			(Instr. 3 and 4)					(Instr. 4)
	Security					(A) or						0	Direct (D)		
						Disposed	1 of						or Indirect		
						(D)							Transaction(s)	< / L	
						(Instr. 3,	4,						(Instr. 4)	(Instr. 4)	
						and 5)	-		1						
											Amount				
								Date	Expiration		or				
								Exercisable	Date		Number				
				Celle	X 7						of				
				Code	V	(A)	(D)				Shares				
Stock															
Option	\$ 0.9	06/09/2014		٨		(0.000		06/09/2015	00/00/2024	Common Stock	(0.000	¢ 0	(0.000	D	
(right to	\$ 0.9	00/09/2014		A		60,000		00/09/2015	00/09/2024	Stock	00,000	\$ 0	60,000	D	
buy)															

Reporting Owners

Reporting Owner Name / Address		Relationships							
Reporting Owner Hume / Humess	Director	10% Owner	Officer	Other					
Beever Charles C/O REXAHN PHARMACEUTICALS, IN 15245 SHADY GROVE ROAD, SUITE 455 ROCKVILLE, MD 20850	X								

Signatures

Tae Heum Jeong, as attorney-in-fact for Charles Beever	06/11/2014
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.