FORM	4

(Drint or Type Peer

-
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 Response									r		
1. Name and Address of Brandt Peter C.	2. Issuer Name and REXAHN PHAR			0.2		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) C/O REXAHN PHA INC., 15245 SHAD		ALS,	3. Date of Earliest T 06/09/2014	ransaction (Mon	th/Day/Ye	ear)	Officer (give title below) Officer (give title below)	her (specify belo	ow)	
ROCKVILLE, MD		4. If Amendment, D	ate Original	Filed	d(Month/Day	y/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)	T	able I - Nor	1-Dei	ivative S	ecurities	s Acqu	ired, Disposed of, or Beneficially Ow	ned	
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	Execution Date, if	f Code (A) or 1			isposed o	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	Ownership	7. Nature of Indirect Beneficial
			(Month/Day/Year)	Code	v	Amount	(A) or (D)	Price	× ,	Direct (D) or Indirect (I) (Instr. 4)	1

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. T	itle of	2.	3. Transaction	3A. Deemed	4.	4. 5. Number 6		6. Date Exercisable and		7. Title and		8. Price of	9. Number of	10.	11. Nature	
Der	ivative	Conversion	Date	Execution Date, if	Transact			Expiration Date		Amount of		Derivative	Derivative	Ownership	of Indirect	
Secu	urity	or Exercise	(Month/Day/Year)	any	Code			(Month/Day/Year)		Underlying		Security	Securities	Form of	Beneficial	
(Ins	tr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	· · · · · · · · · · · · · · · · · · ·				Securities		(Instr. 5)	Beneficially	Derivative	Ownership	
		Derivative					Acquired				(Instr. 3 and 4)					(Instr. 4)
		Security					(A) or						0	Direct (D)		
							Disposed	1 of						1	or Indirect	
							(D)							Transaction(s)	< / <	
							(Instr. 3,	4,						(Instr. 4)	(Instr. 4)	
						-	and 5)	_								
												Amount				
									Date	Expiration		or				
									Exercisable	Date		Number				
					C 1	* 7	(1)					of				
					Code	V	(A)	(D)				Shares				
Sto	ck															
Opt	tion	¢ 0 0	00/00/2014		٨		(0.000		00/00/2015	06/09/2024	Common Stock	(0.000	¢ 0	(0.000	D	
	tt to	\$ 0.9	06/09/2014		Α		60,000		06/09/2015	06/09/2024	Stock	60,000	\$ 0	60,000	D	
buy																

Reporting Owners

Reporting Owner Name / Address	Relationships						
Reporting Owner Punne / Punness	Director	10% Owner	Officer	Other			
Brandt Peter C. C/O REXAHN PHARMACEUTICALS, INC. 15245 SHADY GROVE ROAD, SUITE 455 ROCKVILLE, MD 20850	Х						

Signatures

 Tae Heum Jeong, as attorney-in-fact for Peter C. Brandt
 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.