FORM	4

(Drint or Type Dec

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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

(Time of Type Responses)											
1. Name and Address of Brandt Peter C.	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 PHA INC., 15245 SHAD		ALS,	3. Date of Earliest Transaction (Month/Day/Year) 09/16/2015						Officer (give title below) Officer (give title below)	her (specify belo	ow)
ROCKVILLE, MD		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)	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					uired	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.
 SEC 1474 (9-02)

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	
Derivative	Conversion	Date	Execution Date, if	Transact	tion	n of J		Expiration Date		Amount of		Derivative	Derivative	Ownership	of Indirect
		(Month/Day/Year)		Code		Derivati	Derivative (Month/Day/Year)		Year)	Underlying		Security	Securities	Form of	Beneficial
· /	Price of		(Month/Day/Year)	(Instr. 8))	Securities S		· /		-	Derivative	1			
	Derivative					Acquire	d (Ii				Owned	2	(Instr. 4)		
	Security					(A) or	1 0				0	Direct (D)			
						Dispose	101						Reported Transaction(s)	or Indirect	
						(D) (Instr. 3,	4						(Instr. 4)	(1) (Instr. 4)	
						(1130.5) and 5)	ч,				(1130.4)	(111501.4)			
											Amount				
											or				
									Expiration		Number				
								Exercisable	Date		of				
				Code	V	(A)	(D)				Shares				
Stock															
Option										Common Stock		* •		-	
(right to	\$ 0.54	09/16/2015		Α		90,000		06/04/2016	09/16/2025	Stock	90,000	\$ 0	90,000	D	
buy)										Stock					
(uj)															

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

/s/ Tae Heum Jeong, as attorney-in-fact for Peter C. Brandt	09/18/2015
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.