FORM	4

(Print or Type Responses)

Check this box if no	1
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

Ations *See* b) 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 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) (First) C/O REXAHN PHARMACEU INC., 15245 SHADY GROVE	JTICALS,	3. Date of Earliest Transaction (Month/Day/Year) 06/09/2016					Officer (give title below) Other (specify below)				
(Street) ROCKVILLE, MD 20850	4	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)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned							ied		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution Date, if	(Instr. 8)		(A) or Disposed of (D) (Instr. 3, 4 and 5)			Transaction(s)	6. Ownership Form: Direct (D)	Beneficial	
			Code	v	Amount	(A) or (D)	Price		or Indirect (I) (Instr. 4)	(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 contained SEC 1474 (9-02) 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. Numbe	r of	6. Date Exerc	isable and	7. Title and	l Amount	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transact	tion	n Derivative		Expiration Date		of Underlying		Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)		Code		Securities (Month/Day/		(Month/Day/Y	Year)	Securities		Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8))	-	1 ()		(Instr. 3 and 4) (Inst		(Instr. 5)	~	Derivative	1	
	Derivative					or Dispos	ed					Security:	(Instr. 4)		
	Security					of (D)							0	Direct (D)	
						(Instr. 3, 4	ł,						1	or Indirect	
					-	and 5)							Transaction(s) (Instr. 4)	(1) (Instr. 4)	
											Amount		(11150.4)	(11150.4)	
									Expiration	Title	or				
				Code	v	(A)			Date		Number of Shares				
_	-			Code	v	(A)	(D)				of Shares				
Stock															
Option	\$ 0.28	06/09/2016		А		225,000		06/09/2017	06/09/2026	Common Stock	225 000	\$ 0	225,000	D	
(right to	\$ 0.28	00/09/2010		л		223,000		00/09/2017	00/09/2020	Stock	223,000	\$0	225,000	D	
buy)															

Reporting Owners

Denseting Orman Name (Address	Relationships							
Reporting Owner Name / Address		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	06/10/2016
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.