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

OMB APPROVAL					
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longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

(Print or Type Responses)

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

Name and Address of Reporting Person * Swirsky Douglas J			2. Issuer Name and Ticker or Trading Symbol REXAHN PHARMACEUTICALS, INC. [RNN]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(Last) (First) (Middle) C/O REXAHN PHARMACEUTICALS, INC., 15245 SHADY GROVE ROAD, SUITE 455			3. Date of Earliest Transaction (Month/Day/Year) 01/02/2018						X Officer (give title below) Other (specify below) President and CFO						
(Street)				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					
ROCKVILLE, MD 20850										Form fried by More than One Reporting Ferson					
(Cit	y)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficia					ficially Owne	d					
1.Title of S (Instr. 3)	Security		2. Transaction Date (Month/Day/Year)		on Da	Year)		B) (I	A) or Disposed onstr. 3, 4 and 5) (A) or (D)	of (D) O	Amount of Sowned Follows ransaction(s) nstr. 3 and 4)		I O FO D OI (I	wnership orm: birect (D) r Indirect (In	neficial vnership
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Reminder:	Report on a s	oparace me 102 eac						contair form di	s who responed in this for splays a currosed of, or Benonvertible security.	m are neently va	ot required ilid OMB co	to respon	d unless the	SEC 147	74 (9-02)
1. Title of	2. Conversion	3. Transaction	3A. Deemed Execution Date, if	4. Transact	s, call 5 Lition S S O O O O O O O O O O O O O O O O O O	ls, warra 5. Numbe	r of e (A)	contair form d ired, Dispo options, co	ned in this for splays a curr osed of, or Benonvertible secur ercisable and Date	m are n ently va eficially (rities)	ot required alid OMB co Owned and Amount rlying es	to respond ntrol numl	d unless the	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indirect Beneficial
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	3A. Deemed Execution Date, if any	4. Transact	s, call 5 Lition S S O O O O O O O O O O O O O O O O O O	Is, warra 5. Numbe Derivative Securities Acquired or Dispose of (D) Instr. 3, 4 and 5)	r of e (A)	contair form di ired, Dispo options, co 6. Date Ex Expiration	ned in this for splays a curr osed of, or Bendenvertible securiercisable and Date ay/Year)	rm are needicially (cities) 7. Title and of Under Securities	ot required alid OMB co Owned and Amount rlying es	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership

Donordino Omero Norre / Address	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Swirsky Douglas J C/O REXAHN PHARMACEUTICALS, INC. 15245 SHADY GROVE ROAD, SUITE 455 ROCKVILLE, MD 20850			President and CFO			

Signatures

/s/ Douglas J. Swirsky	01/04/2018
**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).
- (1) One quarter of the option vests and becomes exercisable on January 2, 2019, and, thereafter, 1/36th of the remaining option vests in equal installments on the first business day of each month following such date until fully vested.

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.