FORM	4

(Drint or Type Pee

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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

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												
1. Name and Address of Rodgers Richard J	2. Issuer Name <b>an</b> REXAHN PHAR			<b>·</b> ·		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 06/28/2018	ransaction (	Mon	h/Day/Ye	ear)	Officer (give title below) Officer (give title below)	her (specify belo	ow)		
(Street) ROCKVILLE, MD 20850			4. If Amendment, D	ate Original	Fileo	l(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	Acqu	ired, Disposed of, or Beneficially Ow	ned		
1.Title of Security		2. Transaction	2A. Deemed	3. Transact	tion	4. Securi	ities Acq	uired	5. Amount of Securities Beneficially	6.	7. Nature	
(Instr. 3)		Date	Execution Date, if	Code		(A) or D	isposed o	of(D)	Owned Following Reported	Ownership	of Indirect	
		(Month/Day/Year)	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

			(4	e.g., puts	, ca	lls, warra	ants,	options, conv	ertible securi	ties)					
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Numb	er	6. Date Exerc	isable and	7. Title and		8. Price of	9. Number of	10.	11. Nature
Derivative	e Conversion	Date	Execution Date, if	Transact	Transaction of E		Expiration Date		Amount of		Derivative	Derivative	Ownership	of Indirect	
Security	or Exercise	(Month/Day/Year)	any	Code		Derivati	ve	(Month/Day/	Year)	Underlying		Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	)	Securitie	es			Securities		(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					Acquire	f			(Instr. 3 and	d 4)				(Instr. 4)
	Security					(A) or							0	Direct (D)	
						Dispose	d of							or Indirect	
						(D)							Transaction(s)	< / <	
						(Instr. 3, ord 5)	4,						(Instr. 4)	(Instr. 4)	
						and 5)	-		1						
											Amount				
								Date	Expiration		or				
								Exercisable	Date		Number				
				C . 1.	v						of				
	-			Code	v	(A)	(D)				Shares				
Stock															
Option	\$ 1.46	06/28/2018		٨		39,742		06/28/2019	06/20/2020	Common Stock	20 742	\$ 0	39,742	D	
(right to	\$ 1.40	00/26/2018		A		39,742		00/26/2019	00/28/2028	Stock	39,742	\$U	39,742	D	
buy)															

## **Reporting Owners**

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

## Signatures

# **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.