FORM	4	

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

(Print or Type Responses)												
1. Name and Address of Reporting Person – Benaim Ely			2. Issuer Name an REXAHN PHAR			•••		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director				
(Last) C/O REXAHN PHARM INC., 15245 SHADY (LS,	3. Date of Earliest Transaction (Month/Day/Year) 01/25/2019					X Officer (give title below) Other (specify below) Chief Medical Officer					
(Street) ROCKVILLE, MD 20850			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)	Т	able I - Noi	n-Dei	rivative S	ecurities	s Acqu	ired, Disposed of, or Beneficially Ow	ned		
1.Title of Security (Instr. 3)		(Month/Day/Year)	Execution Date, if Code (A) or Disposed of (D)					Owned Following Reported Transaction(s)	6. Ownership Form:	Beneficial		
			(Month/Day/Year)	Code	(A) or				· · ·	Direct (D) or Indirect (I) (Instr. 4)	-	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.	
	espond to the colle

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. Title of	2.	3. Transaction	3A. Deemed	4.		5. Numbe	r of	6. Date Exer	rcisable and	7. Title and	Amount	8. Price of	9. Number of	10.	11. Nature						
Derivative	Conversion	Date	Execution Date, if	Transact	tion	Derivative	e	Expiration Date of Underlying		Derivative	Derivative	Ownership	of Indirect								
Security	or Exercise	(Month/Day/Year)	any	Code		Securities		Securities		(Month/Day/Year) Se		(Month/Day/Year)		(Month/Day/Year)		Securities		Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8))	Acquired	(A)	(Instr. 3 and 4)		(Instr. 5)	Beneficially	Derivative	Ownership								
	Derivative					or Dispos	ed							Security:	(Instr. 4)						
	Security					of (D)						0	Direct (D)								
						(Instr. 3, 4	1,						1	or Indirect							
						and 5)							Transaction(s)	< / <							
											Amount		(Instr. 4)	(Instr. 4)							
									Expiration	Title	or										
								Exercisable	Date		Number										
				Code	V	(A)	(D)				of Shares										
Stock																					
Option										Common Stock											
(right to	\$ 0.621	01/25/2019		A		100,000		<u>(1)</u>	01/25/2029	Stock	100,000	\$ 0	100,000	D							
buy)										Stoon											
ouy)																					

Reporting Owners

Demosting Oppmen Name / Address		F	Relationships	lationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Benaim Ely C/O REXAHN PHARMACEUTICALS, INC. 15245 SHADY GROVE ROAD, SUITE 455 ROCKVILLE, MD 20850			Chief Medical Officer					

Signatures

/s/ Douglas J. Swirsky, as attorney-in-fact for Ely Benaim	01/25/2019
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 25, 2020, and, thereafter, 1/36th of the remaining option vests in equal installments on each monthly anniversary of 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.