# FORM 4

# Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

(Print or Type Responses)

## 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

(Fine of Type I	response	3)													
1. Name and Address of Reporting Person *- Nolan Lisa				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) 01/25/2019						X Officer (give title below) Other (specify below)  Chief Business Officer					
(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 (City) (State) (Zip)				Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned											
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year		2A. Deemed 3. Tran Execution Date, if Code		8) (1	Securities Acq A) or Disposed on str. 3, 4 and 5)  (A) or mount (D)	Acquired 5. Amount of Owned Follov Transaction(s (Instr. 3 and 4		of Securities Beneficially owing Reported (s)		Ownership o Form: E Direct (D)	. Nature f Indirect deneficial dwnership (nstr. 4)				
Reminder: Rep	oort on a s	separate line for each		Derivati	ve S	ecurities A	Acqu	Person contair form di	y.  s who resported in this for splays a currosed of, or Bendented	m are no ently val	ot required lid OMB co	to respon	d unless th		174 (9-02)
(Instr. 3) Pric	nversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transaction Code		5. Number of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	Ownershi Form of Derivative Security: Direct (D) or Indirec	Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercisabl	Expiration e Date	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4)	
Stock Option (right to buy) \$	0.621	01/25/2019		A		130,000		(1)	01/25/2029	Commo Stock	1130 000	\$ 0	130,000	D	
Reporti	ng O	wners													

Donordino Omero Norre / Address	Relationships						
Reporting Owner Name / Address		10% Owner	Officer	Other			
Nolan Lisa C/O REXAHN PHARMACEUTICALS, INC. 15245 SHADY GROVE ROAD, SUITE 455 ROCKVILLE, MD 20850			Chief Business Officer				

### **Signatures**

/s/ Douglas J. Swirsky, as attorney-in-fact for Lisa Nolan	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.