FORM 4

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

OMB APPROVAL								
OMB Number: 3235-0287								
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ours per response								

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

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 Re	esponse	s)																	
Name and Address of Reporting Person * Nolan Lisa						2. Issuer Name and Ticker or Trading Symbol REXAHN PHARMACEUTICALS, INC. [RNN]							J1	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X Officer (give title below) Other (specify below) Chief Business Officer					
C/O DET/ LYD / DYY L DY / L CET / CT						3. Date of Earliest Transaction (Month/Day/Year) 01/30/2019													
(Street) ROCKVILLE, MD 20850				4. If A	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)							Tabl	e I - N	on-De	ivative S	Securiti	quired, Disp	osed of, or	Beneficially	y Owned				
(Instr. 3)		2. Transaction Date (Month/Day/Year) any		, if	Code (Instr. 8)		4. Securities Acquire (A) or Disposed of (I (Instr. 3, 4 and 5)				Following	6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership				
								Code	· V	Amoun	(A) or t (D)	Pric	e			or Indirect (I) (Instr. 4)	(Instr. 4)		
		01/30/2019							20,000	A	\$ 0.64 (1)	8 21,625	21,625		D				
1. Title of Derivative Security (Instr. 3) Price of Derivative Security	version xercise e of vative	3. Transactio Date (Month/Day/	Year)	3A. Deemed Execution I any	e.g., puts, calls, wa		war	rants,	cor the ired, I option ber 6. 1 and ive (M es id	contained in this the form displays red, Disposed of, or ptions, convertible s er 6. Date Exercisable and Expiration Date (Month/Day/Year)			are not req rrently valid cially Owned	itle and ount of Derivative Security urities (Instr. 5)		ess er. of 10. Owners Form of	tive Ownershi y: (Instr. 4) rect		
						Code	V	(A) (I	Da Ex	te ercisable	Expira Date	Expiration Date Title Note Significant Significant Title Signific							
Reportin	ıg O	wners											_						
Report	ing Ou	ner Name /	Addre	ss	D:			OCC	onship	os		6.4							
Nolan Lisa C/O REXAHN PHARMACEUTICALS, INC. 15245 SHADY GROVE ROAD, SUITE 455 ROCKVILLE, MD 20850					Director	10% C	Owner Officer Chief Business				Officer	Oth	er						
Signatur	es																		

Explanation of Responses:

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

**Signature of Reporting Person

- * 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) The price of \$0.648 per share represents a weighted average of purchase prices ranging from \$0.635 to \$0.650 per share. The reporting person undertakes to provide upon request by the Commission staff, the issuer, or any security holder of the issuer, full information regarding the number of shares purchased or sold at each separate price

01/31/2019

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.