| FORM | 4 |
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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). |
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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

| (Print or Type Respon | ses) | | | | | | | | | | | |
|---|--|--|---|---|----------|---|--|-----------------------------|---|--|-------------------------|--|
| 1. Name and Address Sullivan Lara | 2. Issuer Name and Ticker or Trading Symbol REXAHN PHARMACEUTICALS, INC. [RNN] | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_Director10% Owner | | | | | |
| (Last) C/O REXAHN PI INC., 15245 SHA 455 | | 3. Date of Earliest Transaction (Month/Day/Year) 06/06/2019 | | | | | | Officer (give title below)O | her (specify belo | ow) | | |
| ROCKVILLE, M | (Street) D 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) | (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 Execution Date, if any (Month/Day/Year) | 3. Transact Code (Instr. 8) Code | ion V | 4. Securi (A) or D (Instr. 3, Amount | (A) or | f(D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership | |

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

Persons who respond to the collection of information contained SEC 1474 (9-02) 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) | | | | | | | | | | | | | | |
|--------------------------------------|--|------------|---|------|-----------|---|-------------------------|---|--------------------|----------------------------|--|------|--|--|------------|
| Security | Conversion | | 3A. Deemed Execution Date, if any (Month/Day/Year) | Code | tion) | 5. Num of Derivat Securit Acquira (A) or Dispose of (D) (Instr. 3 and 5) | tive ies ed ed | 6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title ar of Underl Securities | | of Underlyin Securities | . Title and Amount 8. Price of Underlying Derived Deri | | Securities Beneficially Owned Following | Ownership Form of Derivative Security: Direct (D) or Indirect | Beneficial |
| | | | | Code | v | (A) | (D) | Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Stock Option (right to buy) | \$ 5.23 | 06/06/2019 | | А | | 3,537 | | 06/06/2020 | 06/06/2029 | Common Stock | 3,537 | \$ 0 | 3,537 | D | |

Reporting Owners

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

Signatures

| /s/ Douglas J. Swirsky, as attorney-in-fact for Lara Sullivan | 06/07/2019 |
|---|------------|
| **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).

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.