FORM 4

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

OMB APPROVAL
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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).

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

1(b).						Comp	Jany Act o.	11740							
(Print or Ty	pe Response	es)													
Name and Address of Reporting Person * Ahn Chang Ho					2. Issuer Name and Ticker or Trading Symbol REXAHN PHARMACEUTICALS, INC. [RXHN]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director				
(Last) (First) (Middle) 9620 MEDICAL CENTER DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 12/08/2005										
(Street)				4. If	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 Acqui					Acquired	ired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y			Year) E			3. Transacti Code (Instr. 8)	(A) o	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)				O F	wnership of orm: B	Nature Indirect eneficial wnership	
							Code	V Amo	(A) or (D)	Price			(I	Indirect (I) nstr. 4)	nstr. 4)
Reminder:	Report on a	separate line for eac	h class of securities	benefici	ially	owned direct	F	Persons wl his form a		red to re	llection of in spond unless nber.			SEC 14	74 (9-02)
			Tabl						of, or Benefic		ed				
1. Title of Derivative Security (Instr. 3)	Conversion	3. Transaction Date (Month/Day/Year)	Execution Date, if	Code	ransaction Derivative ode Acquired (Securities (a) or (D)	Expiration	oiration Date U		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		9. Number of Derivative Securities Beneficially Owned	Ownersh Form of Derivativ Security:	11. Nature of Indirect Beneficial Ownership (Instr. 4)
	Security			Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Following Reported Transaction(s) (Instr. 4)	Direct (D) or Indirect) (I) (Instr. 4)	
Stock option (right to buy)	\$ 0.24	12/08/2005		D			1,000,000	<u>(1)</u>	01/20/201:	Comm stock	11 000 000	(2)	0	D	
Stock option (right to buy)	\$ 0.8	12/08/2005		A		1,000,000		<u>(1)</u>	01/20/201:	5 Comm stock	11 000 000	(2)	1,000,000	D	
Stock option (right to buy)	\$ 0.24	12/08/2005		D			500,000	(1)	01/20/201:	5 Comm stock	200 000	(2)	0	I	Held by wife
Stock option (right to buy)	\$ 0.8	12/08/2005		A		500,000		<u>(1)</u>	01/20/201:	5 Comm stock	on 500,000	(2)	500,000	I	Held by wife

Reporting Owners

D # 0 Y // II	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Ahn Chang Ho 9620 MEDICAL CENTER DRIVE ROCKVILLE, MD 20850	X					

Signatures

/s/ Ted T.H. Jeong as attorney-in-fact for Chang Ho Ahn	05/03/2006		
-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) The options vest and become exercisable as to 30% of the options on January 20, 2006; another 30% of the options on January 20, 2007; and the remaining 40% of the options on January 20, 2008.
- (2) The transaction involved an amendment of outstanding options to change the exercise price with respect to 1,000,000 options from \$0.24 to \$0.80, resulting in the deemed cancellation of the original options and the grant of replacement options with the same vesting and exercisability terms as the cancelled options.

 $Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, \\ \textit{see} Instruction 6 for procedure. \\$

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.