UNITED STATES
SECURITIES AND EXCHANGE COMMISSION

WASHINGTON, D.C. 20549

FORM 8-K

CURRENT REPORT

Pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934
Date of Report (Date of earliest event reported): September 10, 2015

Rexahn Pharmaceuticals, Inc.

(Exact Name of Registrant as Specified in its Charter)

DELAWARE	**001-34079**	**11-3516358**
(State or other jurisdiction of Incorporation)	(Commission File Number)	(I.R.S. Employer Identification No.)

15245 Shady Grove Road, Suite 455 **Rockville, MD**	**20850**
(Address of principal executive offices)	(Zip Code)

Registrant's telephone number, including area code: (240) 268-5300

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Section 7 — Regulation FD Disclosure

Item 7.01 Regulation FD Disclosure.

Furnished as Exhibit 99.1 to this Current Report on Form 8-K are slides for a presentation by Rexahn Pharmaceuticals, Inc. at the Rodman & Renshaw 17th Annual Global Investment Conference on September 10, 2015.

Section 9 – Financial Statements and Exhibits

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits.

Exhibit No.	**Description**
99.1	Rexahn Pharmaceuticals, Inc. investor presentation for the Rodman & Renshaw 17th Annual Global Investment Conference, dated September 10, 2015.

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

REXAHN PHARMACEUTICALS, INC.

Date: September 10, 2015

/s/ Tae Heum Jeong
Tae Heum Jeong
Senior Vice President of Finance & Chief Financial Officer

Exhibit 99.1

rexahn
PHARMACEUTICALS

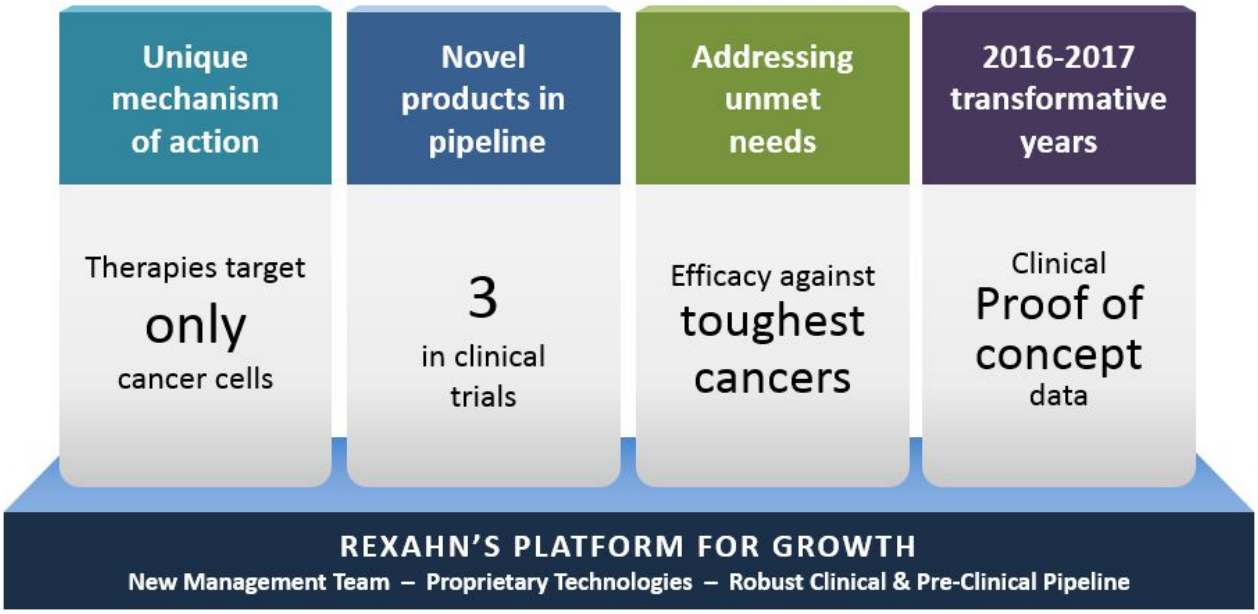
Investor Presentation

September 2015

Safe Harbor Statement

The statements that follow (including projections and business trends) are forward-looking statements. Rexahn's actual results may differ materially from anticipated results and expectations expressed in these forward-looking statements, including as a result of certain risks and uncertainties, such as Rexahn's lack of profitability, the need for additional capital to operate its business to develop its product candidates; the risk that Rexahn's development efforts relating to its product candidates may not be successful; the possibility of being unable to obtain regulatory approval of Rexahn's product candidates; the risk that the results of clinical trials may not be completed on time or support Rexahn's claims; demand for and market acceptance of Rexahn's drug candidates; Rexahn's reliance on third party researchers and manufacturers to develop its product candidates; Rexahn's ability to develop and obtain protection of its intellectual property; and other risk factors set forth from time to time in our filings with the Securities and Exchange Commission. Rexahn assumes no obligation to update these forward-looking statements.

Rexahn: Developing the Next Generation of Cancer Therapies*



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*Based on pre-clinical animal model data

AGENDA

Next Generation of Cancer Therapies

The Company

The Pipeline

The Future

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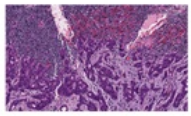
Rexahn: At a Glance

- Clinical stage biopharmaceutical company developing novel targeted cancer therapeutics
  - selectively destroy cancer cells
  - spare normal, healthy cells
- Headquartered in Rockville, Maryland
- NYSE MKT: RNN
- Market cap: $105M
  - 7% owned by management/insiders
- Cash and investments at June 30, 2015: $26.0M
  - Estimated quarterly burn rate: ~4.0M
  - GAAP net loss for the three months ended June 30, 2015: $(0.02)





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New, Experienced Leadership Team – Built in Last 2 Years

Peter Suzdak Ph.D., Chief Executive Officer

- 25+ years experience in the biopharmaceutical industry
- Broad experience spanning pre-clinical, development and commercialization; 18 IND filings, 3 NDA submissions

Ely Benaim M.D., Chief Medical Officer

- 25+ years experience in healthcare including 15 years of clinical research experience in academia, government and pharmaceutical industry
- Extensive experience in global regulatory affairs

Ted Jeong D.Mgt., Sr. Vice President and Chief Financial Officer

- Extensive experience in venture capital and investment banking
- Oversees all aspects of capital raising, accounting, operations, and corporate development

Reza Mazhari, Vice President, Translational Medicine

- Experienced pharmaceutical executive; success taking multiple compounds from concept to clinic
- Co-Founder of Cardioxyl Pharmaceuticals, VP, Drug Discovery and Development at Cerecor

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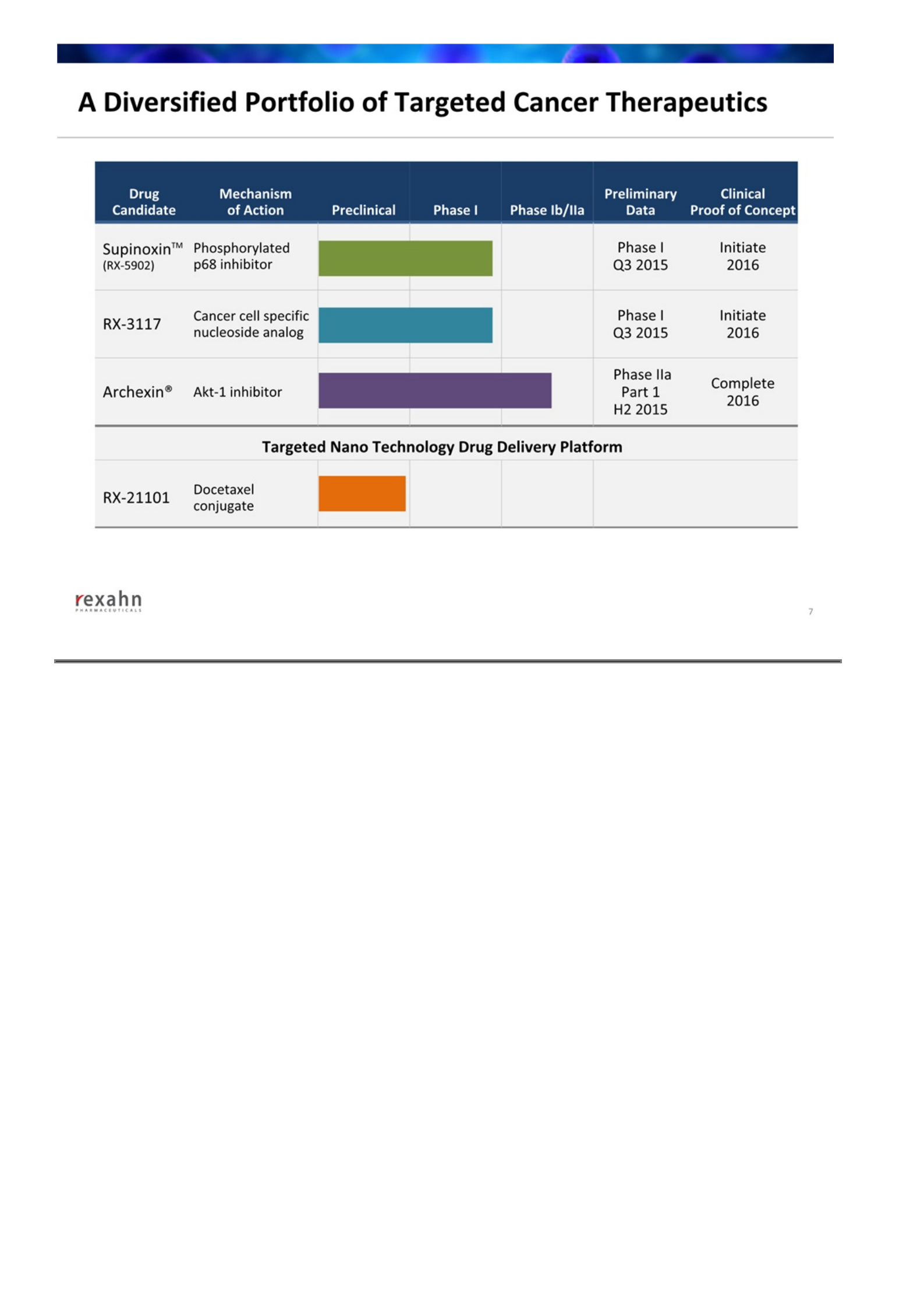
A Diversified Portfolio of Targeted Cancer Therapeutics

Drug Candidate	Mechanism of Action	Preclinical	Phase I	Phase Ib/IIa	Preliminary Data	Clinical Proof of Concept
Supinoxin™ (RX-5902)	Phosphorylated p68 inhibitor				Phase I Q3 2015	Initiate 2016
RX-3117	Cancer cell specific nucleoside analog				Phase I Q3 2015	Initiate 2016
Archexin®	Akt-1 inhibitor				Phase IIa Part 1 H2 2015	Complete 2016
Targeted Nano Technology Drug Delivery Platform						
RX-21101	Docetaxel conjugate					



What Differentiates Rexahn's Programs:

Potential Advantages Over Existing and Emerging Therapies

	Traditional Chemotherapy	PD1 / CAR T-Cell Therapies	Rexahn Therapies
Selectively targets cancer cells	☐	☐	☑
Reduced adverse events	☐	☐	☑
Convenient oral dosing (Supinoxin™ and RX 3117)	☐	☐	☑
Active against toughest cancers	☐	☑	☑
Synergistic with existing therapies	☐	☑	☑
Broad spectrum of anti-cancer activity	☑	☐	☑

AGENDA

Next Generation of Cancer Therapies

The Company

The Pipeline

The Future

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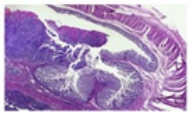
Advancing Our Clinical-Stage Products*

DRUG CANDIDATE	POTENTIAL INDICATION	STATUS	MARKET OPPORTUNITY
Supinoxin™	Relapsed & Refractory Solid Tumors	Phase I	>$3B
RX-3117	Gemcitabine Resistant Solid Tumors	Phase Ib	>$4B
Archexin®	Metastatic Renal Cell Carcinoma	Phase IIa	>$700M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*Company estimates based on information from Datamonitor, Global Data and MedTrack reports as of August 2015

SUPINOXIN™ OVERVIEW

Potential First-in-Class Inhibitor of a Unique Cancer Protein

The Candidate

- Orally active, highly potent small molecule inhibitor of phosphorylated p68 (p-p68)

Significant Unmet Medical Need

- Demonstrated activity in >100 human cancer cell lines including: triple-negative breast, colon, ovarian, pancreas, non small cell lung cancer, and renal

Clinical Development – Status

- Phase I clinical trial with Supinoxin™ in cancer patients is ongoing
  - Preliminary data expected Q3 2015
- Initiate Clinical Proof-of-Concept study in 2016

Commercial Potential

- Potential market opportunity: >$3B
- Strong intellectual property protection
- Ongoing corporate partnership discussions

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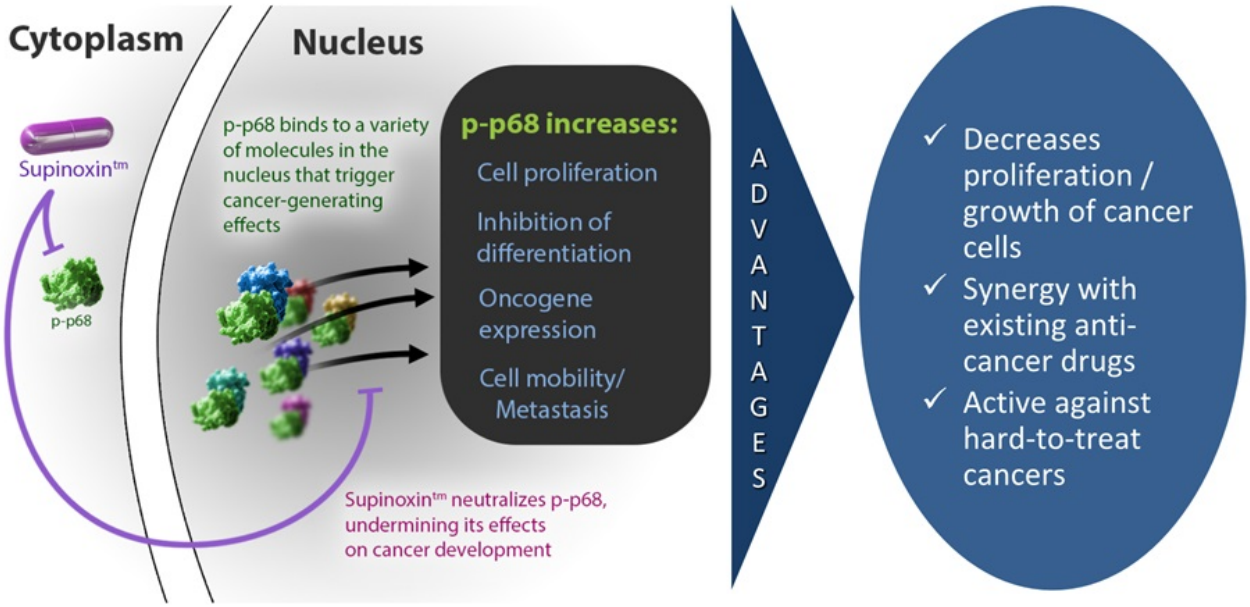
SUPINOXIN™ UNIQUE MECHANISM OF ACTION

Potent, Well-Tolerated with Activity Against Difficult-to-Treat Cancers*



Supinoxin™ MOA supports a biomarker strategy for patient selection

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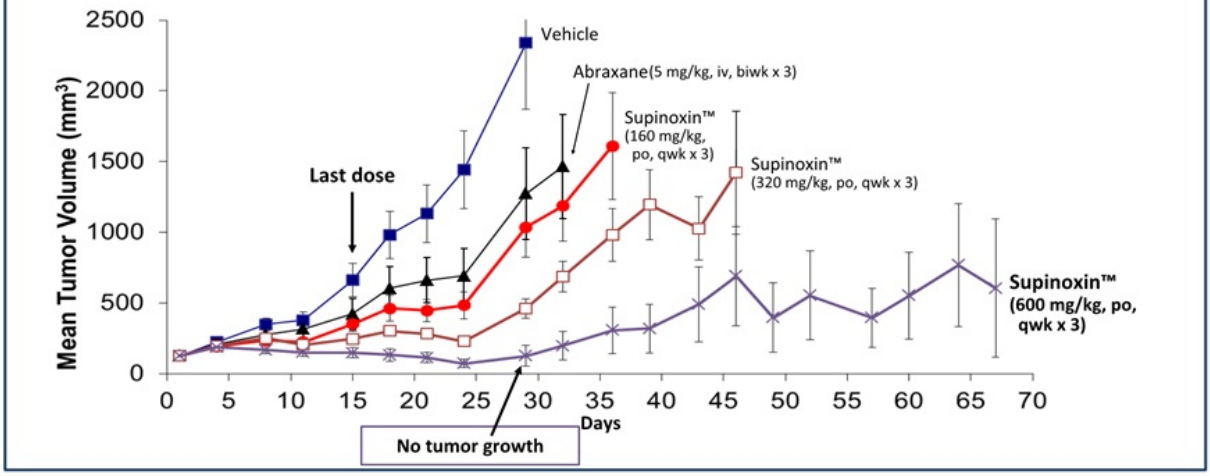
*Based on available clinical and pre-clinical data as of August 2015

Blocks the Growth of Human Triple-Negative Breast Cancer Cells

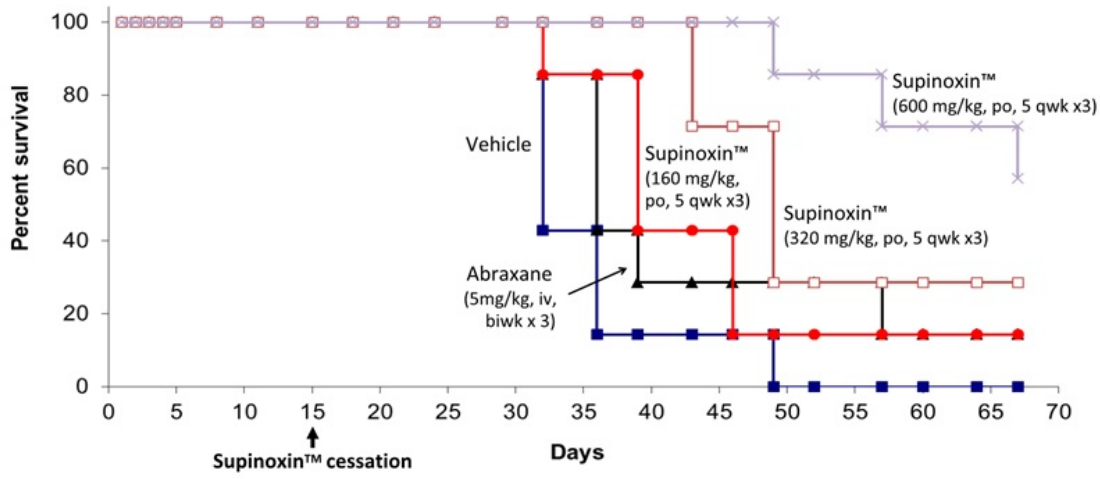
Human Triple-Negative Breast Cancer (MDA-MB-231) Xenograft Model



Large opportunity: Triple Negative Breast Cancer represents 20% of breast cancer diagnoses with limited treatment options; potential rapid path to market

Survival Benefit in Human Triple Negative Breast Cancer Animal Models

Human Triple Negative Breast Cancer (MDA-MB-231) Xenograft Model



SUPINOXIN™ TRIAL STATUS

Ongoing Phase I Dose-Escalation Trial

Primary Endpoints	
Maximum Tolerated Dose (MTD)	☑ 25, 50, 100, 150, 225, 300 , 425, 575, and 775 mg dose cycles complete ☑ Patient enrollment and dosing ongoing ☐ Maximum tolerated dose (MTD) not yet achieved
Dose Limiting Toxicities	☐ Not yet determined
Safety Profile*	☑ Preliminary - Safe and well tolerated requiring testing of additional higher doses to define MTD ☐ Preliminary data expected Q3 2015
Secondary Endpoints	
Pharmacokinetics	☑ Dose-proportional exposure – Estimated oral bioavailability of 51% ☑ Pharmacokinetics similar to what was seen in preclinical models ☐ Preliminary data expected Q3 2015
Tumor Response	☐ Preliminary data expected Q3 2015

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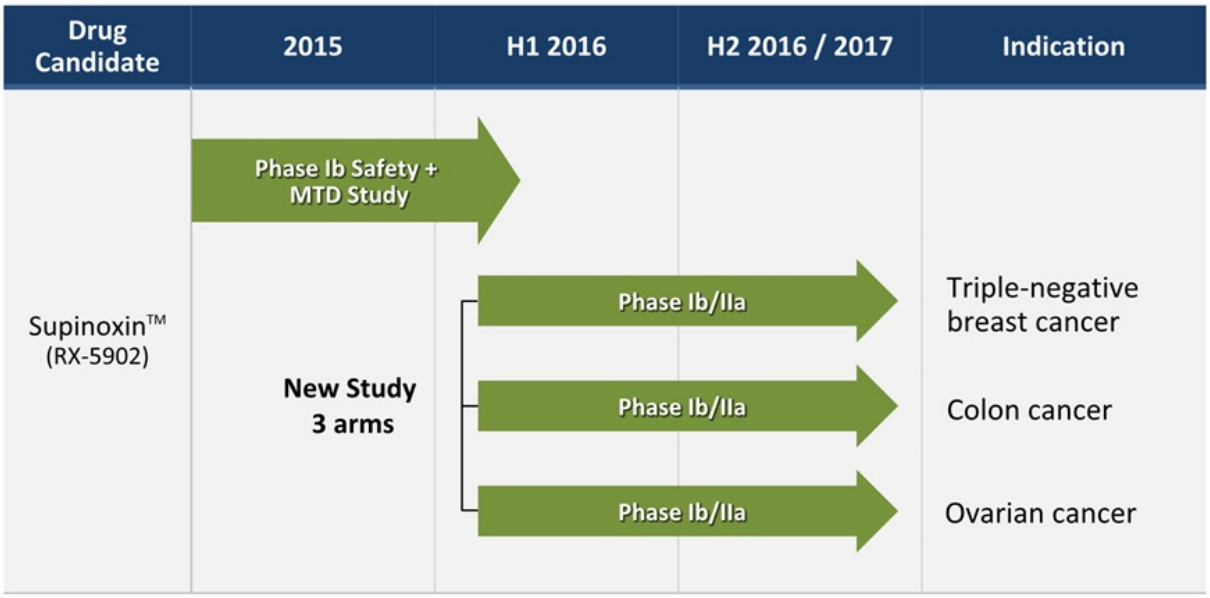
*Based on available clinical data as of August 2015

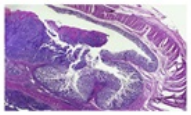
SUPINOXIN™ NEXT STEPS

Clinical Plan – Determine Clinical Activity Prior to Initiating Pivotal Phase Ib/IIa Clinical Trial



Advancing Our Clinical-Stage Products*

DRUG CANDIDATE	POTENTIAL INDICATION	STATUS	MARKET OPPORTUNITY
Supinoxin™	Relapsed & Refractory Solid Tumors	Phase I	>$3B
RX-3117	Gemcitabine Resistant Solid Tumors	Phase Ib	>$4B
Archexin®	Metastatic Renal Cell Carcinoma	Phase IIa	>$700M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*Company estimates based on information from Datamonitor, Global Data and MedTrack reports as of August 2015

RX-3117 OVERVIEW

Novel Next Generation Nucleoside Compound

The Candidate

- Cancer cell specific small molecule nucleoside analogue that inhibits DNA and RNA synthesis causing cell death
- Prodrug activated by UCK2 which is only present in cancer cells
- Active following oral administration

Significant Unmet Medical Need

- Gemcitabine-resistant cancers: bladder, colon, pancreatic, non-small cell lung cancer, renal and other solid tumors

Clinical Development – Status

- Completed Phase I trial confirming oral bioavailability and initial safety
- Phase Ib clinical trial in cancer patients is ongoing
  - Preliminary data expected Q3 2015
- Initiate Clinical Proof-of-Concept study in 2016

Commercial Potential

- Potential market opportunity: >$4B
- Strong intellectual property portfolio
- Ongoing partnership discussions

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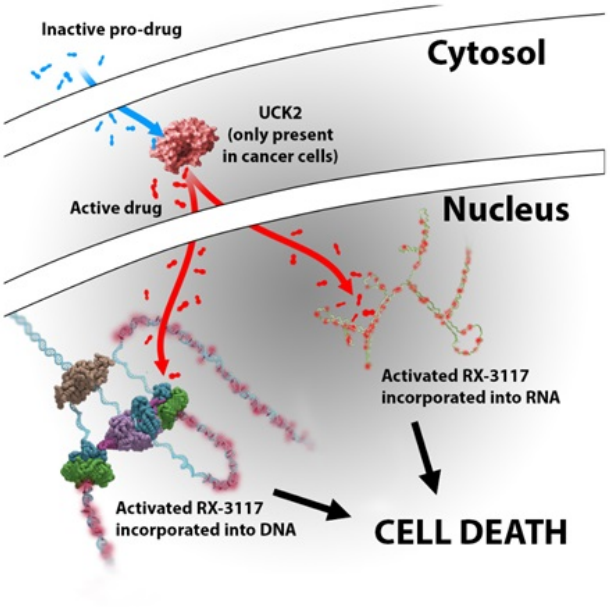
RX-3117 UNIQUE MECHANISM OF ACTION

Well Tolerated with Tumor-Specific Activity in Drug-Resistant Cancers*



ADVANTAGES

- ✓ Anti-tumor activities against a broad spectrum of cancers
- ✓ Anti-cancer effect on gemcitabine resistant cancers

RX-3117 MOA supports a biomarker strategy for patient selection

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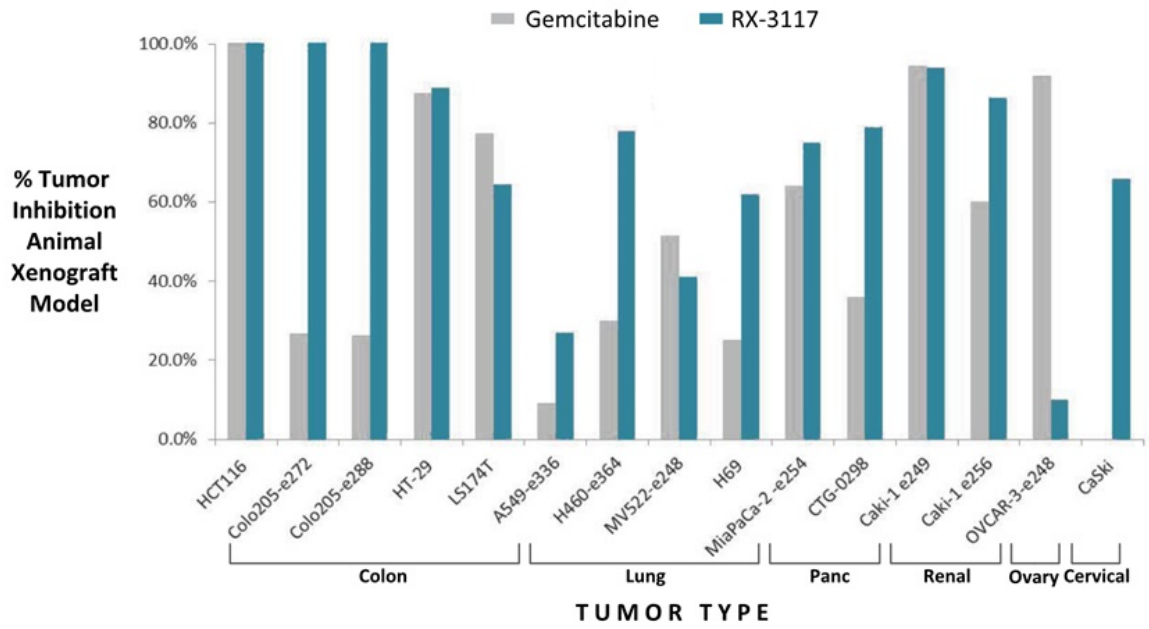
*Based on available clinical and pre-clinical data as of August 2015

RX-3117 EVIDENCE OF SUCCESS

Efficacy Against Broad Range of Human Cancer Cell Types



More effective than Gemcitabine across broad range of human tumor types

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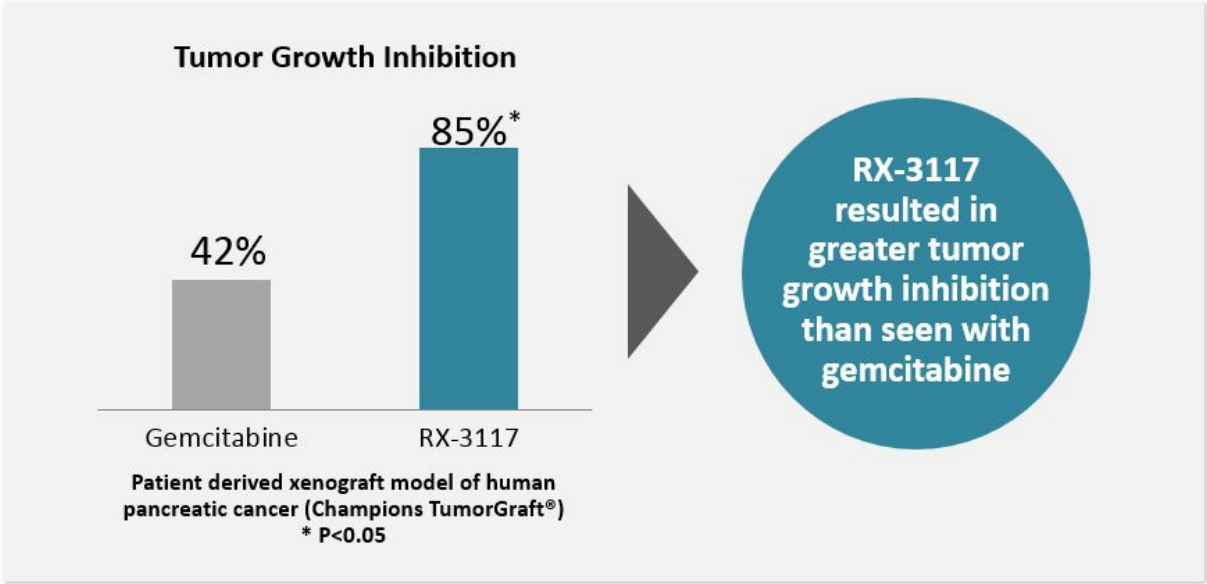
RX-3117 EVIDENCE OF SUCCESS

Effective Against Gemcitabine Resistant Cancers – Key Advantage

The Need

25%-40% of cancer patients receiving gemcitabine rapidly become resistant to chemotherapy



Patient derived xenograft model of human pancreatic cancer (Champions TumorGraft®)
*** P<0.05**

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RX-3117 TRIAL STATUS

Ongoing Phase Ib Dose-Escalation Trial

Primary Endpoints	
Maximum Tolerated Dose (MTD)	☑ 30, 60, 100, 150, 200, 500, 1000, and 1500 mg dose cycles complete ☑ Patient enrollment and dosing ongoing ☐ Maximum tolerated dose (MTD) not yet achieved
Dose Limiting Toxicities	☐ Not yet determined
Safety Profile*	☑ Preliminary - Safe and well tolerated requiring testing of additional higher doses to define MTD ☐ Preliminary data expected Q3 2015
Secondary Endpoints	
Pharmacokinetics	☐ Preliminary data expected Q3 2015
Tumor Response	☐ Preliminary data expected Q3 2015

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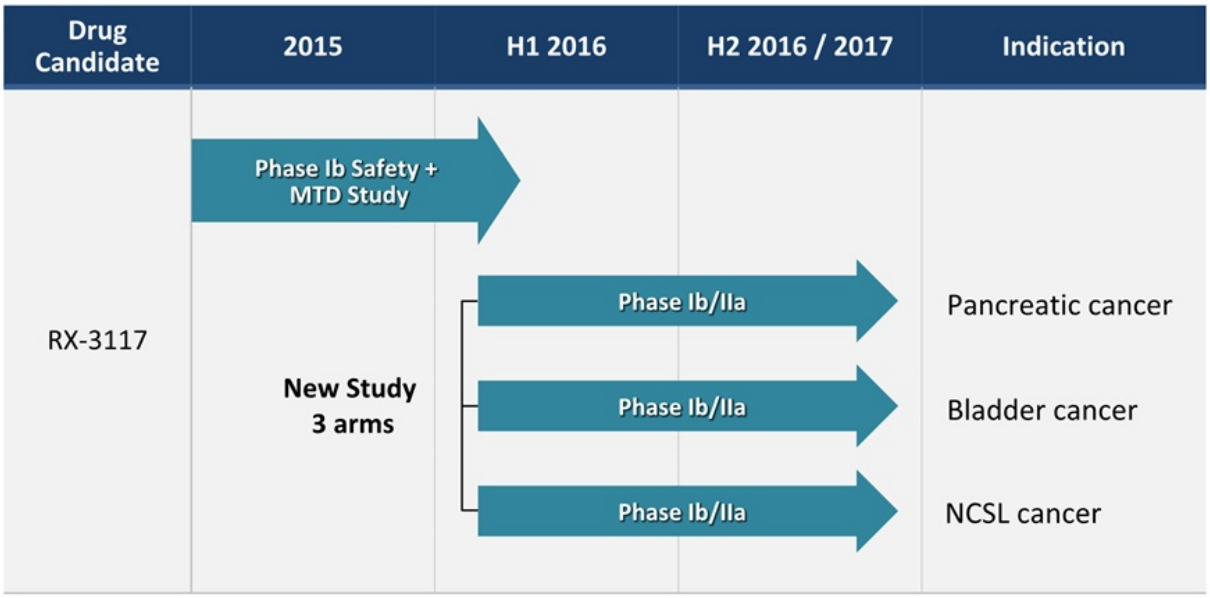
*Based on available clinical data as of August 2015

RX-3117 NEXT STEPS

Clinical Plan – Determine Clinical Activity Prior to Initiating a Pivotal Phase Ib/IIa Clinical Trial



Advancing Our Clinical-Stage Products*

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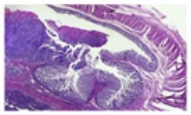


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*Company estimates based on information from Datamonitor, Global Data and MedTrack reports as of August 2015

ARCHEXIN® OVERVIEW

Potential Best-in-Class AKT-1 Inhibitor

The Candidate

- Novel inhibitor of cancer cell signaling protein, Akt-1, increasing cancer cell death
- Targets clinically validated cancer pathway
- Also inhibits drug resistance; synergistic with approved drugs

Significant Unmet Medical Need

- Currently targeting metastatic renal cell carcinoma (mRCC)

Clinical Development – Status

- Completed Phase I trial in cancer patients
- Pancreatic cancer- Phase IIa completed
- Phase IIa trial in metastatic RCC – ongoing
  - Initial combination safety data mid 2015

Commercial Potential

- FDA orphan drug designation for 5 cancers (renal, glioblastoma, ovarian, stomach, pancreas)
- Potential market opportunity: >$700M
- Strong intellectual property portfolio
- Ongoing partnership discussions

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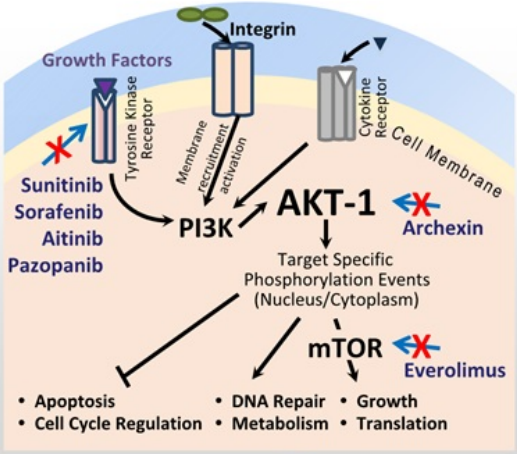
Archexin® Targets A Clinically Validated Cancer Pathway*

Mechanism of Action

- PI3K/AKT-1/mTOR pathway involved in cancer cell growth and proliferation
- AKT-1 inhibition
  - Blocks the development of resistance to mTOR and TKI inhibitors
  - Blocks the growth/proliferation of cancer cells



ADVANTAGES

- ✓ Decreases proliferation / growth of cancer cells
- ✓ Decreases new blood vessel growth
- ✓ Decreases drug resistance

AKT-1 may be used as a biomarker to aid in patient selection

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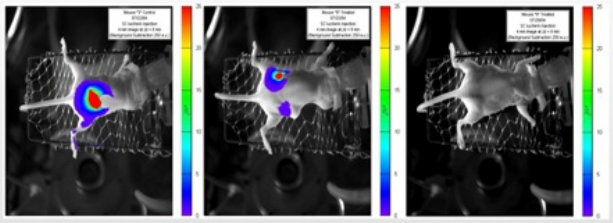
*Based on available pre-clinical data as of August 2015

Archexin®: A Selective Inhibitor of AKT-1

Xenograft model using luciferase-expressing human pancreatic cancer cells



Control +Archexin (1 week) +Archexin (2 weeks)

Archexin®: AKT-1 Inhibitor

- Anti-cancer activity against multiple solid cancer tumors
- Synergistic with mTOR and tyrosine kinase inhibitors
- Prevents the development of resistance to mTOR inhibitors

ARCHEXIN® TRIAL STATUS

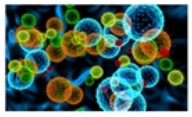
Completed Phase I and Phase IIa Trials

Phase I (Cancer Patients with Solid Tumors)

Primary Endpoints	
Maximum Tolerated Dose (MTD)	▪ 250 mg/m2/d in patients with an advanced cancer after up to two cycles of treatment
Dose Limiting Toxicities	▪ Grade 3 fatigue; no significant hematological abnormalities

Phase IIa (Metastatic Pancreatic Cancer Patients)

Primary Endpoint	
Tumor Response	▪ Archexin in combination with gemcitabine provided a median survival of 9.1 months compared to 5.65 months for gemcitabine alone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Only Selective AKT-1 Inhibitor in Clinical Development - Status

	Phase IIa
Study Design	▪ Metastatic renal cell carcinoma (mRCC) ▪ Second line therapy ▪ Administered in combination with everolimus (Affinitor®) ▪ Part A: Identify maximum tolerated dose in combination with everolimus ▪ Part B: Determine safety and efficacy in 30 additional mRCC patients



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AGENDA

Next Generation of Cancer Therapies

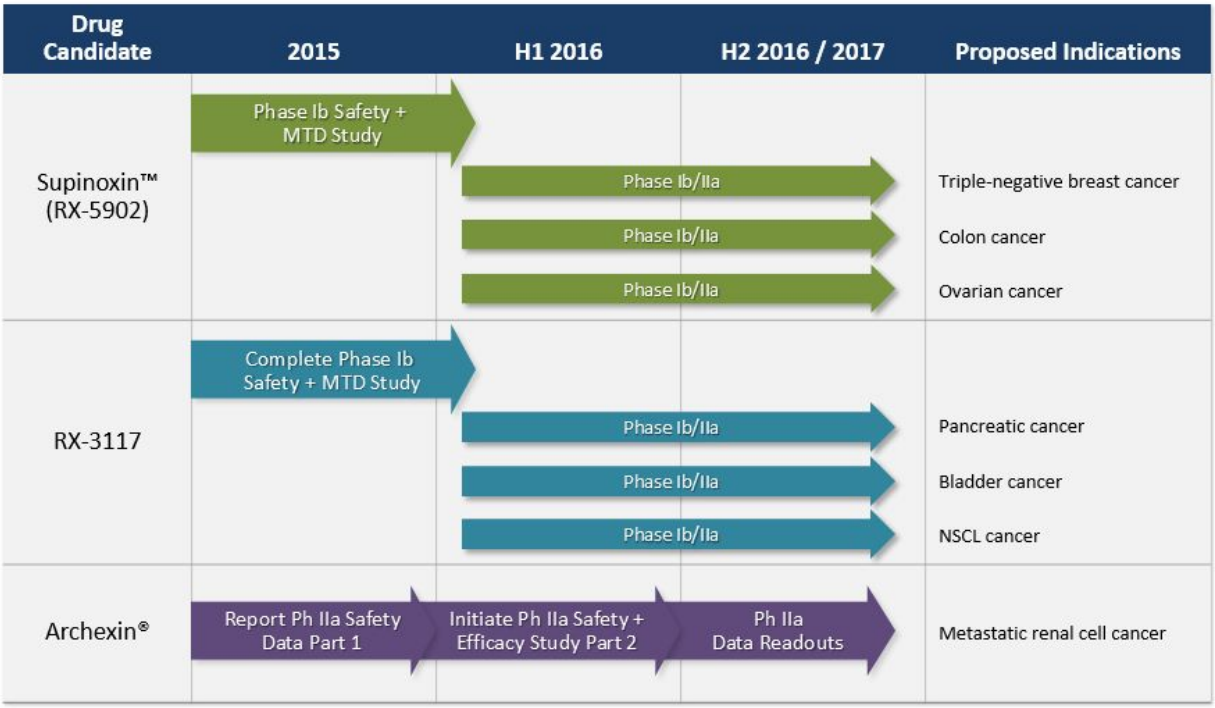
The Company

The Pipeline

The Future

rexahn PHARMACEUTICALS

Robust Pipeline Targeting Multiple Cancer Indications



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IN SUMMARY

Developing the Next Generation of Cancer Therapies

1. Advance cancer therapies through proof-of-concept clinical development
2. Establish partnerships with pharmaceutical companies; focus on maximizing shareholder value
3. Advance pre-clinical oncology programs to address significant unmet needs

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Investor Presentation

September 2015