FORM 4

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

OMB APPROVAL					
OMB Number: 3235-028					
stimated average burden					
ours per response	0.5				

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 Ty	pe Respons	es)	1													
1. Name and Address of Reporting Person * Benaim Ely				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 Medical 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					
ROCKVI	LLE, MD	20850									_	Form filed by	More than One	Reporting Person		
(City	y)	(State)	(Zip)			Tab	le I -	Non-Deri	vative S	ecuritie	s Acquire	d, Disposed	of, or Bene	ficially Own	ed	
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)			Date, if Co		(4. Securities Acquired (A) or Disposed of (E) (Instr. 3, 4 and 5)		of (D) Ov Tra	f (D) Owned Follow Transaction(s)		d	Ownership of Form:	Beneficial
				(Month/Day		y/Year)	Cod	e V A	(A) or Amount (D)		Price	Instr. 3 and 4)		or (I)	Direct (D) Or Indirect (I) (Instr. 4)	wnership nstr. 4)
Reminder:	Report on a	separate line for eac	h class of securities	benefici	ally	owned dire	ectly	Persor contai	ns who ned in 1	this for	m are no	collection t required id OMB co	to respon	d unless th		74 (9-02)
								ired, Disp				wned				
(Instr. 3) Pri	Conversion	se (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transaction Code		5. Number of		6. Date Exercis Expiration Dat (Month/Day/Y		rcisable and 7. Ti Date of U V/Year) Secu		7. Title and Amount of Underlying Securities Instr. 3 and 4)		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	Ownership Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indirec Beneficial Ownershi (Instr. 4)
				Code	v	(A)	(D)	Date Exercisab	Expir le Date	ation	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4)	
Stock Option (right to buy)	\$ 0.621	01/25/2019		A		100,000		(1)	01/2	5/2029	Commo Stock	ⁿ 100,000	\$ 0	100,000	D	
Repor	ting C	wners														

Reporting Owner Name / Address		Relationships						
		10% Owner	Officer	Other				
Benaim Ely C/O REXAHN PHARMACEUTICALS, INC. 15245 SHADY GROVE ROAD, SUITE 455 ROCKVILLE, MD 20850			Chief Medical Officer					

Signatures

/s/ Douglas J. Swirsky, as attorney-in-fact for Ely Benaim	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.