

(Print or Type Responses)

|                                                                                                |  |                                         |                                                                                   |                                   |   |                                                                                                                                                                                                                      |            |                                                                                                  |  |                                                             |                                                          |
|------------------------------------------------------------------------------------------------|--|-----------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------|----------------------------------------------------------|
| 1. Name and Address of Reporting Person *<br>Sullivan Lara                                     |  |                                         | 2. Issuer Name and Ticker or Trading Symbol<br>REXAHN PHARMACEUTICALS, INC. [RNN] |                                   |   | 5. Relationship of Reporting Person(s) to Issuer<br>(Check all applicable)<br><input checked="" type="checkbox"/> Director<br><input type="checkbox"/> 10% Owner<br>Officer (give title below) Other (specify below) |            |                                                                                                  |  |                                                             |                                                          |
| (Last) (First) (Middle)<br>C/O REXAHN PHARMACEUTICALS, INC., 15245 SHADY GROVE ROAD, SUITE 455 |  |                                         | 3. Date of Earliest Transaction (Month/Day/Year)<br>06/06/2019                    |                                   |   |                                                                                                                                                                                                                      |            |                                                                                                  |  |                                                             |                                                          |
| (Street)<br>ROCKVILLE, MD 20850                                                                |  |                                         | 4. If Amendment, Date Original Filed(Month/Day/Year)                              |                                   |   | 6. Individual or Joint/Group Filing(Check Applicable Line)<br><input checked="" type="checkbox"/> Form filed by One Reporting Person<br><input type="checkbox"/> Form filed by More than One Reporting Person        |            |                                                                                                  |  |                                                             |                                                          |
| (City) (State) (Zip)                                                                           |  |                                         | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned  |                                   |   |                                                                                                                                                                                                                      |            |                                                                                                  |  |                                                             |                                                          |
| 1.Title of Security<br>(Instr. 3)                                                              |  | 2. Transaction Date<br>(Month/Day/Year) | 2A. Deemed Execution Date, if any<br>(Month/Day/Year)                             | 3. Transaction Code<br>(Instr. 8) |   | 4. Securities Acquired (A) or Disposed of (D)<br>(Instr. 3, 4 and 5)                                                                                                                                                 |            | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s)<br>(Instr. 3 and 4) |  | 6. Ownership Form: Direct (D) or Indirect (I)<br>(Instr. 4) | 7. Nature of Indirect Beneficial Ownership<br>(Instr. 4) |
|                                                                                                |  |                                         |                                                                                   | Code                              | V | Amount                                                                                                                                                                                                               | (A) or (D) | Price                                                                                            |  |                                                             |                                                          |

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

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| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned<br>(e.g., puts, calls, warrants, options, convertible securities) |                                                        |                                         |                                                       |                                   |                                                                                            |                                                             |                 |                                                                  |                            |                                               |                                                                                                       |                                                                                     |                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------|-------------------------------------------------------|-----------------------------------|--------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----------------|------------------------------------------------------------------|----------------------------|-----------------------------------------------|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------|
| 1. Title of Derivative Security<br>(Instr. 3)                                                                                                   | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed Execution Date, if any<br>(Month/Day/Year) | 4. Transaction Code<br>(Instr. 8) | 5. Number of Derivative Securities Acquired (A) or Disposed of (D)<br>(Instr. 3, 4, and 5) | 6. Date Exercisable and Expiration Date<br>(Month/Day/Year) |                 | 7. Title and Amount of Underlying Securities<br>(Instr. 3 and 4) |                            | 8. Price of Derivative Security<br>(Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s)<br>(Instr. 4) | 10. Ownership Form of Derivative Security: Direct (D) or Indirect (I)<br>(Instr. 4) | 11. Nature of Indirect Beneficial Ownership<br>(Instr. 4) |
|                                                                                                                                                 |                                                        |                                         |                                                       |                                   |                                                                                            | Date Exercisable                                            | Expiration Date | Title                                                            | Amount or Number of Shares |                                               |                                                                                                       |                                                                                     |                                                           |
| Stock Option (right to buy)                                                                                                                     | \$ 5.23                                                | 06/06/2019                              |                                                       | A                                 | 3,537                                                                                      | 06/06/2020                                                  | 06/06/2029      | Common Stock                                                     | 3,537                      | \$ 0                                          | 3,537                                                                                                 | D                                                                                   |                                                           |

Reporting Owners

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

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.