FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	ROVAL
OMB Number:	3235-028

37 Estimated average burden hours per response: 0.5

## Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					or	Section	on 30(h) d	of the	Investmen	Con	npany Act	of 1940								
Name and Address of Reporting Person*     Shigeta Hiroaki						2. Issuer Name and Ticker or Trading Symbol MEDICINOVA INC [ MNOV ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Singela	<u>l HIIOdki</u>				$I^{-}$						-				X Direc	tor		10% O	wner	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 06/11/2010									Offic belov	er (give title v)		Other ( below)	specify	
4350 LA	JOLLA V	ILLAGE DRIVE	, SUITE	950		11,	.010													
					4 1	f Amc	ndment	Data	of Original	Eilad	(Month/D	av/Voar	·	6.1	ndividual o	r Joint/Grou	n Eilin	a (Chack Ar	nlicable	
(Ctroot)					·   <del>*</del> . "	Anc	mument,	Date	or Original	i iicu	(WOTH I/D	ay/ rear	'	Line		Joint/Grou	h i iiiií	y (Check A	phicable	
(Street)	FCO C	Δ.	00100												X Forn	filed by On	e Rep	orting Perso	on	
SAN DII	EGO C.	A	92122												Forn	filed by Mo	re thai	n One Repo	orting	
					1										Pers	on		·		
(City)	(S	tate)	(Zip)																	
		Tob	le I - Nor	Doriv	otiv.c		ouritio.	- A A	auirad	Dia	20004	of or l	200	oficial	ly Own	, d				
		าสม	ie i - Noi	i-Deliv	alive	- Se	curities	S AC	quireu,	וכוט	Josea (	יו, טו	<u>Sen</u>	enciai	ly Owne	eu				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da						ar)   i	2A. Deemed Execution Date if any (Month/Day/Yea		r, Transaction D Code (Instr. 5)			Securities Acquired (A) isposed Of (D) (Instr. 3,			Benefi	ties	Form (D) o	. Ownership Form: Direct D) or Indirect I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
					- 1	, ,							1	- Repor	ed 🔘	,,,		(Instr. 4)		
									Code V		Amount	(4	(A) or P			ction(s) 3 and 4)				
		_		<u> </u>		_		_	• • •					<u></u>						
		ı	able II -						uirea, D s, option						Owned					
	1			(e.g., p	uis,	Call	s, warr	anıs	, option	5, 0	onveru	Die Se	Cui	illes)		_			1	
Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	4. Transacti Code (Ins				6. Date Exc Expiration (Month/Da	Date	Amount of			8. Price o Derivative Security (Instr. 5)		e s dlly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisabl		xpiration vate	Title		Amount or Number of Shares						
Stock Option	\$5.13	06/11/2010			A		1,000		12/11/2010		6/10/2020	Comm	on	1.000	\$0	1,000	)	D		

**Explanation of Responses:** 

(right to

buy)

/s/ Shintaro Asako Attorney-in-06/15/2010

**Fact** 

Stock

\*\* Signature of Reporting Person

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

- \* 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.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.