FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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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

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* IWAKI YUICHI						2. Issuer Name and Ticker or Trading Symbol MEDICINOVA INC [MNOV]									Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
	(Last) (First) (Middle) C/O MEDICINOVA, INC. 4275 EXECUTIVE SQUARE, SUITE 300						3. Date of Earliest Transaction (Month/Day/Year) 03/12/2020								X Officer (give titl below) Preside			(specify		
(Street) LA JOLI (City)			2037 Zip)		4. If A	4. If Amendment, Date of 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						
		Table	I - No	n-Deriva	ative S	Secui	rities	Acc	uired	l, Dis	posed of	, or E	enefic	ially Own	ed					
Date				2. Transact Date (Month/Day		Execu if any	Deemed cution Date, y nth/Day/Year)		Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)					6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) o (D)	Price	Transaci (Instr. 3	tion(s)			(11150.4)		
Common	Stock			03/12/2	020				P		20,000	A	\$3.3	1 780,683 ⁽¹⁾⁽²⁾ D						
Common	Common Stock													125	125,000			See Footnote ⁽³⁾		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execut if any	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		rative rities iired r osed)	6. Date Expira (Monti	tion D			nt of ities lying ative ity (Instr.	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership t (Instr. 4)		
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amount or Number of Shares							

Explanation of Responses:

- 1. The reported shares were purchased in multiple transactions. The purchase price reported in Column 4 is a weighted average price at price ranging from \$3.055 to \$3.14. The reporting person undertakes to provide to MediciNova, Inc., any security holder of MediciNova, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the range set forth in this footnote.
- 2. Includes 1,291shares acquired under MediciNova's employee stock purchase plan, which are exempt under Rule 16b-3(c).
- 3. The reported securities are held by the Iwaki Family Limited Partnership. The reporting person is the general partner of the partnership that owns the reported securities. The reporting person disclaims beneficial ownership of the reported securities except to the extent of his pecuniary interest therein.

/s/ Yuichi Iwaki

03/12/2020

** Signature of Reporting Person

Date

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.