FORM 4

UNITED STA

Washington, D.C. 20549

ALES SECURITIES AND EXCHANGE COMM	/IISSION
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OMB APPROVAL

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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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

1. Name and Address of Reporting Person* IWAKI YUICHI				2. Issuer Name and Ticker or Trading Symbol MEDICINOVA INC [MNOV]							(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
												- 1		give title		Other (s		
(Last)	(F	irst)	(Middle)	3	Date of Earliest Transaction (Month/Day/Year)						\neg	v Oπicer below)	give title		below)	Jecliy		
C/O MEDICINOVA, INC.					01/07/2025								President and CEO					
4275 EXECUTIVE SQUARE, SUITE 300																		
					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street)												Line						
LA JOLI	LA C	A	92037											ed by One		•		
					Form filed by More than One Reporting Person						ing							
(City)	(S	state)	(Zip)															
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of S	Security (Inst	tr. 3)		. Transacti												7. Nature of		
Date			ate Month/Day	/Year)	Execution Date if any (Month/Day/Yea		Code (In				str. 3, 4 and	5) Securitie Beneficia Owned F	ally (D)	(D) or Ir	or Indirect nstr. 4)	Indirect Beneficial Ownership (Instr. 4)		
							·		(A) or		l	- Reported	· • • • • • • • • • • • • • • • • • • •					
							Code	v	Amount	mount (A) or (D)			Transaction(s) (Instr. 3 and 4)					
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
			(e.	.g., put	s, cal	ls, warr	ants,	, options	s, co	onverti	ble seci	urities)						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	onversion r Exercise (Month/Day/Year) if any (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) 8) Derivative Securities Acquired (A) or Disposed		re es I (A) sed str.	6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)				ties ig Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)	ly C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)				
			Code	Date			xpiration ate	tion Title of SI			(Instr. 4)							
Employee				Joue	+	(^)	(5)	Exercisable	15		1.1116	Ji Gilares			\dashv			
Stock Option (Right to Buy)	\$1.52	01/07/2025		A		400,000		01/07/2025	01	1/17/2034	Common Stock	400,000	\$0	400,000	(1)	D		

Explanation of Responses:

1. On January 18, 2024, the reporting person was granted an option to purchase 400,000 shares of common stock. The option vests based on the satisfaction of certain performance criteria for the fiscal year ended December 31, 2024. Such performance criteria for 2024 were met, resulting in full vesting of the option.

/s/ Yuichi Iwaki

01/10/2025

** 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.