SEC For	m 4																	
FORM 4 UNITED				STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549												OMB APPROVAL		
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).					d pur	suant	to Se	ction 16(a	a) of the S	ecuriti	NEFICI ies Exchan mpany Act		Shir Estimated average burden			0.5		
1. Name and Address of Reporting Person* <u>Matsuda Kazuko</u> (Last) (First) (Middle) C/O MEDICINOVA, INC.					2. Issuer Name and Ticker or Trading Symbol 5. Ref MEDICINOVA INC MNOV									heck all appl X Direct X Office below	r (give title Other (specify			
(Street) LA JOLI (City)	LA C.	SQUARE, SUIT A tate)	92037 (Zip)		4. 1	Lin						ne) X Form Form	, ,					
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transe Date (Month/D)					actior	ction 2A. Deemed Execution Date			3. Transaction Dis Code (Instr. 5)		4. Securi Dispose	, Securities Acquired (A) isposed Of (D) (Instr. 3, 4		5. Amo Securit Benefic	unt of ies ially Following	Form (D) o	r Indirect E str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock				06/12	5/12/2020				Code	v	Amount 20,00	(A) (D)	Price	Transaction		D		
Common	btock		Table II - I	Deriva	tive	Sec			uired, [or Be	neficiall		0,102		2	
1. Title of Derivative Security (Instr. 3)	f 2. 3. Transaction 3A. Deemed		Date, T	Code (Instr.		5. Number of		6. Date Exercisat Expiration Date (Month/Day/Year)		9	ble and 7. Title and A of Securities		Derivative Security			10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amoun or Number of Shares	1				
Employee Stock Option (Right to Buy)	\$5.13	06/12/2020			М			20,000	(1)	(06/13/2020	Commo Stock	¹ 20,000) \$0	0		D	

Explanation of Responses:

1. The option vested over a period of 4 years in equal monthly installments from the 6/14/2010 date of grant and is now fully vested.

<u>/s/ Yuichi Iwaki, attorney-in-</u> <u>fact</u>	06/15/2020			
** 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.