FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPROVAL											
l	OMB Number:	3235-0287										
l	Estimated average burden											
l	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 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*  Matsuda Kazuko					2. Issuer Name <b>and</b> Ticker or Trading Symbol MEDICINOVA INC [ MNOV ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title Other (specify					
(Last) (First) (Middle) C/O MEDICINOVA, INC.					3. Date of Earliest Transaction (Month/Day/Year) 12/04/2014						X	X Officer (give title Other (specific below)  Chief Medical Officer					
4275 EXECUTIVE SQUARE, SUITE 650  (Street)					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)					
LA JOLI	A CA 92037			_							Y	X Form filed by One Reporting Person  Form filed by More than One Reporting Person					
(City) (State) (Zip)																	
		Та	ble I - Non-D	erivati	ve Se	ecurities	s Ac	quired, D	isposed	of, or Be	neficially	Owned					
				ransaction e onth/Day/Year)		2A. Deemed Execution Date if any (Month/Day/Yea		, Transaction Disposed Code (Instr.		rities Acquired (A) or ed Of (D) (Instr. 3, 4 and		Beneficia Owned F	s lly ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
								Code V	Amour	t (A) o	Price	Reported Transacti (Instr. 3 a	ion(s)			(Instr. 4)	
	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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable a Expiration Date (Month/Day/Year)		7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securitie Beneficia Owned Following Reported	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)	ion(s)			
Employee Stock option (right to buy)	\$2.64	12/04/2014		A		105,000		12/04/2014	12/11/2023	Common Stock	105,000	\$0	105,00	0 <sup>(1)</sup>	D		
Employee Stock option (right to buy)	\$3.24	12/04/2014		A		120,000		(2)	12/03/2024	Common Stock	120,000	\$0	120,0	00	D		

## **Explanation of Responses:**

- 1. On December 12, 2013, the reporting person was granted an option to purchase 105,000 shares of common stock. The option vests based on MNOV's satisfaction of certain performance criteria by December 31, 2014. The performance criteria has been met, resulting in full vesting of the option.
- 2. The option vests over a period of 3 years in equal monthly installments from the 12-04-2014 date of grant.

/s/ Kazuko Matsuda

12/05/2014

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.