FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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0.5

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	Check this box if no longer subject to									
١	Section 16. Form 4 or Form 5									
J	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

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1. Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol MEDICINOVA INC [MNOV]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>IWAKI YUICHI</u>														X	Dire	ctor	10% (Owner	
(Last) (First) (Middle) 4350 LA JOLLA VILLAGE DRIVE, SUITE 950						3. Date of Earliest Transaction (Month/Day/Year) 01/16/2009								X	belo	Officer (give title below) Chief Executive Officer			
(Street) SAN DIEGO CA 92122				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Indi Line) X	vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(St	ate) (Zip)												reis				
		Tabl	e I - No	n-Deriv	ative	Sec	uritie	s Ac	quired	l, Di	sposed o	f, or E	Benefic	cially	Own	ed			
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day					Execution		Date,	3. Transactio Code (Inst 8)				and 5) Secur Benef		icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A) o	Price	9	Transaction(s) (Instr. 3 and 4)			(111301. 4)	
Common Stock, par value \$0.001 01/16/20				2009	009		P		1,071	A	\$1.	745 ⁽¹⁾	6	34,922	D				
Common Stock, par value \$0.001 01/20/20				2009	009		P		2,200	A	\$2.	\$2.162(2)		37,122	D				
		Та	ble II -								osed of, convertib				wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deel Execution if any (Month/I	on Date,	Code (I				6. Date Exerci Expiration Da (Month/Day/Y		ite	7. Title and Amount of Securities Underlying Derivative Security (Instrand 4)		Deri Sec (Ins	rice of ivative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares						

Explanation of Responses:

- 1. This price is the weighted average price of the 1071 shares purchased. The prices actually paid for the shares of the Company?s Common Stock purchased ranged from \$1.66 to \$1.88. The reporting person will provide to the issuer, any security holder of the issuer or the SEC Staff, upon request, information regarding the number of shares purchased at each price within the range of prices actually paid.
- 2. This price is the weighted average price of the 2200 shares purchased. The prices actually paid for the shares of the Company's Common Stock purchased ranged from \$2.14 to \$2.17. The reporting person will provide to the issuer, any security holder of the issuer or the SEC Staff, upon request, information regarding the number of shares purchased at each price within the range of prices actually paid.

/s/ Shintaro Asako, Attorney-

01/21/2009

** 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.