FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	DC	20549
wasiiiiqtoii,	D.C.	20049

STATEMENT	OF CI	HANGES	IN BENE	EFICIAL	OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
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* IWAKI YUICHI			2. Issuer Name and Ticker or Trading Symbol MEDICINOVA INC [MNOV]					(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
IWAKI TUICHI									•)	Director			10% Owi	ner
(Last)	(Fi	irst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 01/09/2024					, y	X Officer (give title below)			Other (specify below)		
C/O MEDICINOVA, INC.				ľ	1/0//2	2024							President	and Cl	EO	
4275 EXECUTIVE SQUARE, SUITE 300				4	4. If Amendment, Date of Original Filed (Month/Day/Year)					6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)											2	Form fil	ed by One	Reportir	ng Person	
LA JOLI	LA C	A	92037									Form fil Person	ed by More	than O	ne Reporti	ng
(City)	(Si	tate)	(Zip)	F	Rule 10b5-1(c) Transaction Indication											
				[Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.							satisfy				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned															
Date			. Transacti Date Month/Day	Day/Year) Executi		2A. Deemed Execution Date, f any Month/Day/Year)		3. Transaction Code (Instr. 3, 4 bisposed Of (D) (Instr. 3, 4			Beneficia Owned Fo	s lly ollowing	Form: D	n: Direct II r Indirect E sstr. 4) C	'. Nature of ndirect Beneficial Ownership	
								Code V	Amount	(A) o	r Price	Reported Transacti (Instr. 3 a	on(s)			Instr. 4)
			Table II - Do					uired, Dis , options,				Owned				,
1. Title of Derivative Security (Instr. 3) 1. Title of Conversion or Exercise (Month/Day/Year) 1. Title of Derivative Security 3. Transaction Date (Execution Date, if any (Month/Day/Year)		4. Trans	4. 5. Num Transaction Derivat Code (Instr. Securit		mber of 6. Date Exercisable and Expiration Date (Month/Day/Year) red (A) posed (Instr.		7. Title and Amount of Securities Underlying		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio	ly O Fo O (i)	0. bwnership orm: irect (D) r Indirect) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code	v	(A)		Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	,,,(3)		
Employee Stock Option (Right to Buy)	\$2.4	01/09/2024		A		210,000		01/09/2024	01/31/2033	Common Stock	210,000	\$0	210,000	(1)	D	

Explanation of Responses:

1. On February 1, 2023, the reporting person was granted an option to purchase 300,000 shares of common stock. The option vests based on the satisfaction of certain performance criteria for the fiscal year ended December 31, 2023. Such performance criteria for 2023 were achieved at the 70% attainment level, resulting in vesting of the option as to 210,000 shares.

/s/ Yuichi Iwaki

01/11/2024

** 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.