FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(h)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* Okajima Masatsune							2. Issuer Name and Ticker or Trading Symbol MEDICINOVA INC [MNOV]										of Reporting able) r (give title	g Pers	son(s) to Issi 10% Ow Other (s	ner
(Last) (First) (Middle) C/O MEDICINOVA, INC. 4275 EXECUTIVE SQUARE, SUITE 300						3. Date of Earliest Transaction (Month/Day/Year) 12/12/2017										below) VP and	elow) P and Head of Ja		below) anese Offic	ce
(Street) LA JOLLA CA 92037 (City) (State) (Zip)					4. 1											dividual or Joint/Group Filing (Check Applicable) K Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tab	le I - Nor	-Deri	vativ	e Se	curit	ies Ac	quir	red, Di	isp	osed o	f, or Be	nefi	cially	Owned				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D						ear)	2A. Deemed Execution Date, if any (Month/Day/Year		´ c	Transaction		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			4 and Securition Benefici		s ally ollowing	Form (D) o	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									c	Code V		Amount	(A) c (D)	r P	rice	Transact (Instr. 3 a	on(s)			
Common Stock 12/12/							2017			M		48,00	48,000 A		\$4.42	108,	108,941(1)		D	
		7	Fable II - I										or Ben ole secu			Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date,	4. Transaction Code (Instr 8)		of Deri Sec Acq (A) o Disp of (I	umber evative urities uired or oosed O) (Instr. and 5)	Expi	6. Date Exercisable a Expiration Date (Month/Day/Year)			7. Title ar of Securi Underlyir Derivativ (Instr. 3 a	ties Ig e Secu		B. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ily	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)
					Code	v	(A)	(D)	Date Exer	e rcisable		piration ate	Title	or	ount nber ires					
Employee Stock Option (Right to	\$4.42	12/12/2017			М			48,000		(2)	01	/06/2018	Common Stock	48,	.000	\$0	0		D	

Explanation of Responses:

- 1. Includes shares acquired under MediciNova's employee stock purchase plan, which are exempt under Rule 16b-3(c).
- $2. \ The option vested over a period of 4 years in equal monthly installments from the 1/7/2008 \ date of grant and is now fully vested.$

/s/ Masatsune Okajima

12/14/2017

** 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.