FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

wasnington, D.C. 20549

| OMB APPROVAL | | | | | | | | | |
|---------------------|----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | | |
| Estimated average b | urden | | | | | | | | |

0.5

hours per response:

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| | | | | | | . , | | | | , | | | | | | | | |
|--|---|--|--|--------|--|--------------|----------|--|----------------|-------|--|---|---|--|---|--|---------------------------------------|--|
| Name and Address of Reporting Person* SUZUKI JOJI | | | | | 2. Issuer Name and Ticker or Trading Symbol MEDICINOVA INC [4875 OSE] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | |
| (Last) 4350 LA | , | First) ILLAGE DR., # | (Middle) 950 | | 3. Date of Earliest Transaction (Month/Day/Year) 12/12/2005 | | | | | | | | X Officer (give title Other (specify below) Vice President, Finance | | | | | |
| (Street) | et) N DIEGO CA 92122 | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | | |
| (City) | (5 | State) | (Zip) | | | | | | | | | | Person | | | | | |
| | | Та | ble I - Non-I | Deriva | tive S | ecuritie | s Ac | cquired, [| Dispos | ed o | f, or Be | neficia | ly Owned | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | ate | Execution Date, | | Code (Ir | Transaction Disposed Of (D) (Instr. 3, 4 Code (Instr. | | | 5. Amour Securitie Beneficia Owned F Reported | s ally following | Form | : Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | Code | V An | nount | (A) o (D) | Price | Transact (Instr. 3 a | ion(s) | | | (III3U. 4) | |
| | | | Table II - De | | | | | uired, Di s, options | | | | | Owned | | | | | |
| 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 | Code | saction e (Instr. | Derivative I | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | and | 7. Title and Amor of Securities Underlying Derivative Secur (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | Securitie Beneficia Owned Following Reported | e s ally g | Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | |
| | | | | Code | e V | (A) | (D) | Date Exercisable | Expira Date | ation | Title | Amount or Number of Share | 5 | Transaction (Instr. 4) | | | | |
| Employee Stock Option (right to buy) | \$1.38 | 12/12/2005 | | A | | 150,000 | | 12/12/2005 | 12/11/ | /2015 | Common Stock | 150,00 | 0 \$0 | 150,0 | 00 | D | | |
| Employee Stock Option (right to buy) | \$2.34 | 12/12/2005 | | A | | 225,000 | | (1) | 12/11/ | /2015 | Common Stock | 225,00 | 0 \$0 | 225,0 | 00 | D | | |
| Employee Stock Option (right to | \$3.31 | 12/12/2005 | | A | | 375,000 | | (1) | 12/11/ | /2015 | Common Stock | 375,00 | \$0 | 375,0 | 00 | D | | |

Explanation of Responses:

1. The option vests over a four (4) year period commencing November 7, 2005, in equal monthly installments.

Remarks:

/s/ Joji Suzuki

12/22/2005

** 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.