Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

	STATEMENT OF CHANGES IN BENEFICIAL	OWNERSHIP
to Section 16. Form 4 or Form 5		
obligations may continue. See		

OMB APPROVAL 3235-0287 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

Name and Address of Reporting Person* National Manual Properties						2. Issuer Name and Ticker or Trading Symbol MEDICINOVA INC [MNOV]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Matsuda Kazuko														X	Direc	tor		10% O	wner
(Last)	(Fir	rst) (N	Middle)		3. Da	Date of Earliest Transaction (Month/Day/Year)								X	Office belov	cer (give title lw)		Other (below)	specify
C/O MEDICINOVA, INC.					03/1	03/13/2020									Chief Medical Officer				
4275 EXECUTIVE SQUARE, SUITE 300																			
					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
(Street)			2025		03/1	3/202	20							Line)	Form	filed by On	e Repo	rtina Pers	on
LA JOLI	LA CA	Λ 9	2037											Form filed by More than One Reporting					
(City)	(Sta	ate) (Z	<u>z</u> ip)												Perso	on			
		Table	I - No	n-Deriva	tive S	Secu	rities	. Aca	uired.	Dis	posed of	or E	Benef	icially	v Own	ed			
1 Title of 9	Security (Inst			2. Transac		Т	Deeme		3.		4. Securitie	-			1	ount of	6 Owi	nership	7. Nature
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					Execution Da			Transaction Code (Instr.		Disposed Of (D) (Instr. 3,		4 and Securit Benefic Owned		ties cially I Following	Form: (D) or	orm: Direct o) or Indirect (Instr. 4)	of Indirect Beneficial Ownership		
								Code	v	Amount	(A) (D)	or Pr	ice		rted saction(s) . 3 and 4)			(Instr. 4)	
Common Stock 03/13/2				2020				P		2,000	A	\$	3.62(1)	111,	.,746 ⁽²⁾⁽³⁾		D		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
				(e.g., pu	ıts, ca	alls, v	warra	ants,	optio	ns, c	onvertib	le se	curiti	es)					
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 and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		De Se (In	Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4)	y D o (I	0. Ownership Form: Direct (D) or Indirect () (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amou or Numb of Share	er					

Explanation of Responses:

- 1. The reported shares were purchased in multiple transactions. The purchase price reported in Column 4 is a weighted average price ranging from \$3.54 to \$3.69. The reporting person undertakes to provide to MediciNova, Inc., any security holder of MediciNova, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the range set forth in this footnote.
- 2. Includes 289 shares acquired under MediciNova's employee stock purchase plan, which are exempt under Rule 16b-3(c).
- 3. This report is being amended to correct the amount of securities beneficially owned in Column 5.

/s/ Yuichi Iwaki, attorney-in-

fact

** Signature of Reporting Person Date

03/16/2020

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.