FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-028								
Estimated average burden								
hours ner 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

Name and Address of Reporting Person* Matsuda Kazuko					2. Issuer Name and Ticker or Trading Symbol MEDICINOVA INC [MNOV]											5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
															2	V Director	or		10% Ov	vner	
(Last)	(F	irst)	(Middle)		Date of Earliest Transaction (Month/Day/Year)											Officer below)	fficer (give title elow)		Other (s below)	pecify	
C/O MEDICINOVA, INC.							08/23/2021									C	hief Med	dical	Officer		
4275 EXECUTIVE SQUARE, SUITE 300																					
42/JEA		4 If	4 If Assembly on the of Original Filed (Month/Dr. 1975)										6 Individual or Jaint/Croup Filing (Chock Applicable								
(Street)							4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
LA JOLI	LA C	A	92037												2	K Form f	Form filed by One Reporting Person				
															Form filed by More than One Reporting Person				ting		
(City)	(S	tate)	(Zip)																		
		Tab	le I - Non-	Deriva	tive	Se	curit	ies Ac	quii	red, D	isp	osed o	f, or Be	ene	ficiall	y Owned					
1. Title of S	on 2A. Deemed				3.			ties Acqui				Amount of 6. O			7. Nature						
Date (Month/L					Day/Year)		Execution Date, if any (Month/Day/Year)		Code (Instr. 5)		d Of (D) (In	str.	3, 4 and		ally (D) Following (I) (I		m: Direct or Indirect nstr. 4)	of Indirect Beneficial Ownership			
						7	Code	v	Amount	(A) (D)	or	Price	Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)				
Common	Common Stock 08/23/						/2021			М		60,00	60,000 A		\$2.3	322,996			D		
		-	Table II - D	erivati	ve S	Secu	ıritie	es Aca	uire	ed. Dis	spo	sed of.	or Ben	efi	cially	Owned		,			
												onvertil									
1. Title of	2.	3. Transaction	3A. Deemed	4.	ı.		5. N	umber	6. Da	6. Date Exercis		ble and	7. Title and Am		mount	8. Price of	9. Number of		10.	11. Nature	
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	Execution Da if any (Month/Day/Y	ate, Tra	Transaction Code (Instr		n of		Expiration Date (Month/Day/Year)				of Securi Underlyi Derivativ (Instr. 3 a	ities ng 'e Se	ecurity	Derivative Security (Instr. 5)	derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s ully	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
														A	mount r						
									Date	•	_	vniration			lumber						
				Co	de \	v	(A)	(D)		rcisable		xpiration ate	Title		hares						
Employee Stock Option (Right to	\$2.3	08/23/2021		N	м			60,000		(1)	0	8/31/2021	Common Stock	6	0,000	\$0	0		D		

Explanation of Responses:

1. The option vested over a period of 4 years in equal monthly installments from the 9/1/2011 date of grant and is now fully vested.

/s/ Yuichi Iwaki, attorney-in-

08/25/2021

<u>fact</u>

** 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.