UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): April 29, 2008

MEDICINOVA, INC.
(Exact name of registrant as specified in its charter)

Delaware	**001-33185**	**33-0927979**
(State or other jurisdiction of incorporation)	**(Commission File Number)**	**(IRS Employer Identification No.)**

4350 La Jolla Village Drive, Suite 950
San Diego, CA 92122
(Address of principal executive offices) (Zip Code)

Registrant's telephone number, including area code: (858) 373-1500

Not Applicable
(Former name or former address, if changed since last report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Item 7.01 Regulation FD Disclosure.

Representatives of MediciNova, Inc. (the "Registrant") will be making a corporate presentation at various investor meetings commencing April 29, 2008. A copy of the slide presentation to be used by the Registrant at these meetings is attached hereto as Exhibit 99.1.

The information in this Current Report, including Exhibit 99.1 furnished herewith, is being furnished and shall not be deemed "filed" for any purpose, including for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the "Exchange Act"), or otherwise subject to the liabilities of that Section. The information in this Current Report shall not be deemed incorporated by reference into any filing under the Securities Act of 1933, as amended, or the Exchange Act, except as shall be expressly set forth by specific reference in such a filing.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits.

Exhibit	Description
99.1	Slide presentation of the Registrant

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the Registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

MEDICINOVA, INC.

Dated: April 29, 2008

By: /s/ Shintaro Asako
Shintaro Asako
Vice President and Chief Financial Officer

EXHIBIT INDEX

Exhibit	Description
99.1	Slide presentation of the Registrant

Exhibit 99.1

MEDICINOVA

Accelerating the global development and commercialization of innovative pharmaceuticals

April 2008

Forward-Looking Statements

Statements in this presentation that are not historical in nature constitute forward-looking statements within the meaning of the safe harbor provisions of the Private Securities Litigation Reform Act of 1995. These forward-looking statements include, without limitation, statements regarding our clinical trials supporting safety and efficacy of product candidates and the potential novelty of such product candidates as treatments for disease, plans and objectives for clinical trials and product development, strategies, future performance, financial condition, liquidity and capital resources. These forward-looking statements may be preceded by, followed by or otherwise include the words "believes," "expects," "anticipates," "intends," "estimates," "projects," "can," "could," "may," "would," or similar expressions. Actual results or events may differ materially from those expressed or implied in any forward-looking statements due to various factors, including, without limitation, the risks and uncertainties inherent in clinical trials and product development and commercialization, such as the uncertainty in results of clinical trials for product candidates, the uncertainty of whether the results of clinical trials will be predictive of results in later stages of product development, the risk of delays or failure to obtain or maintain regulatory approval, the risk of failure of the third parties upon whom we rely to conduct our clinical trials and manufacture our product candidates to perform as expected, the risk of increased cost and delays due to delays in the commencement, enrollment, completion or analysis of clinical trials or significant issues regarding the adequacy of clinical trial designs or the execution of clinical trials and the timing, cost and design of future clinical trials and research activities; the timing of expected filings with the FDA; our failure to execute strategic plans or strategies successfully; our collaborations with third parties; the availability of funds to complete product development plans and our ability to raise sufficient capital when needed; intellectual property or contract rights; and the other risks and uncertainties described in our filings with the Securities and Exchange Commission, including our annual report on Form 10-K for the year ended December 31, 2007. Undue reliance should not be placed on these forward-looking statements, which speak only as of the date hereof. We disclaim any intent or obligation to revise or update these forward-looking statements.

Corporate Overview: MediciNova, Inc.

Development Company Focused on Differentiated Product Candidates

- Unique access to differentiated, potentially high-value assets primarily from Japanese alliances

New Approaches to Treat Serious Medical Conditions:

- MN-221: IV Status Asthmaticus candidate
  - Potential $500 M US opportunity for MediciNova
- MN-166: Oral Multiple Sclerosis candidate
  - In 2006, approximately $7.2 B in worldwide MS therapeutic sales*

Diverse Pipeline:

- Six compounds with applications in multiple disease areas

**Source: MedAdNews, June 2007*

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Business Model: Return On Investment

In-License:

- Product candidates with significant clinical or preclinical data

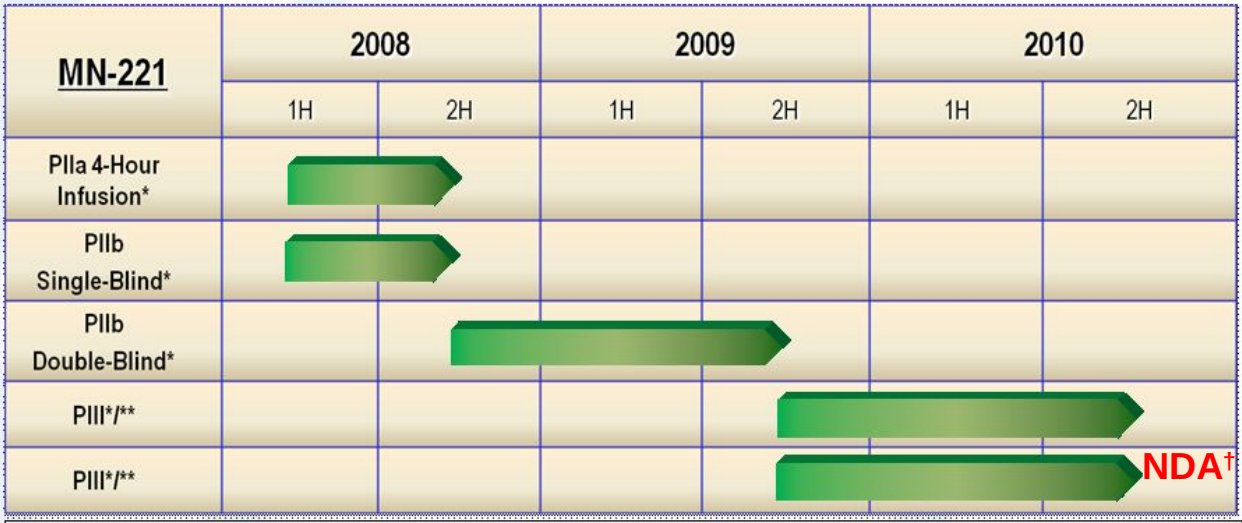
Conduct Proof-of-Concept Clinical Trials:

- Conduct Phase I and Phase II clinical trials to demonstrate efficacy of compound

Two Pathways Towards ROI After Phase II:

- Continue internal development of compound towards commercialization
- Seek partnership for further development of compound

MN-221 Development Plan



**Anticipated commencement and completion dates based on current projections*

***We also plan to conduct an advanced clinical trial of MN-221 in pediatric patients with status asthmaticus; however, we have not yet determined whether this clinical trial will be initiated in conjunction with the other planned Phase III clinical trials or after NDA submission*

† Filing as early as 2H'10

Note: Development plans / timelines for MN-221 are subject to change

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MN-221: A New Approach to Treating Status Asthmaticus

Definition:

- Long-lasting and severe asthma episode that is not responsive to initial bronchodilator or corticosteroid therapy

MN-221:

- Novel, highly selective β_2-adrenergic receptor agonist
- Greater selectivity
  - Partial agonist for β_1 receptor in the heart
  - Full agonist for β_2 receptor in the lungs
- Improved safety (fewer cardiovascular side effects) compared to older β-agonists
- IV formulation for acute hospital use
  - Reliable and rapid delivery
- Positive Phase IIa results reported in October 2007

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MN-221: Market Opportunity

Market Opportunity:

- Approximately 1.9 million emergency room visits in the US each year*
- 500,000 hospitalizations
- Approximately 4,000 deaths annually in the US*
- Potential $500 M market opportunity for MediciNova

Current Standard of Care*:

- Beta agonists (all patients)
  - Inhaled or nebulized
- Corticosteroids (66-77% of patients)
  - IV or oral

**Source: National Center for Health Statistics / CDC*

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Competitive Advantages of MN-221

1. Proven mechanism of action (β_2-adrenergic agonist)
2. Rapid, reliable IV delivery (vs. inhaled / nebulized)
3. Safer (greater selectivity = fewer cardiovascular SE

Human β–Adrenergic Receptor Selectivity			
Drug	Adrenoceptor (IC_{50}, μM)		β_2-Adrenoceptor Selectivity
	β_1	β_2	(IC_{50} for β_1/IC_{50} for β_2)
MN-221	1.39	0.0224	62.1
Albuterol (Salbutamol)	5.63	1.56	3.61

Displacement of [^{3}H]-cyanopindolol or [^{3}H]-CGP12177 binding in membrane preparations expressing human cloned β_1- and β_2-adrenoceptors, respectively

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MN-221: Positive Phase IIa data

Phase IIa study design

- Randomized, placebo-controlled, double-blind, sequential dose escalation
- 23 subjects with mild-to-moderate asthma
- Primary objective
  - To determine the efficacy of a single 15-minute treatment with intravenous MN-221
- Secondary objective
  - To determine the MTD (Maximum Tolerated Dose)

Primary endpoint met in Phase IIa study completed October 2007

- Achieved statistical significance in its primary endpoint of mean change in FEV1 from baseline at 15 minutes at doses of 3.5, 10, 16, and 30 micrograms/min of MN-221 compared to placebo
- No clinically significant cardiovascular, ECG or vital sign changes, or any other safety concerns observed at any dose tested
- 60 micrograms/min x 15 min (900 mcg) dose a possible MTD of MN-221

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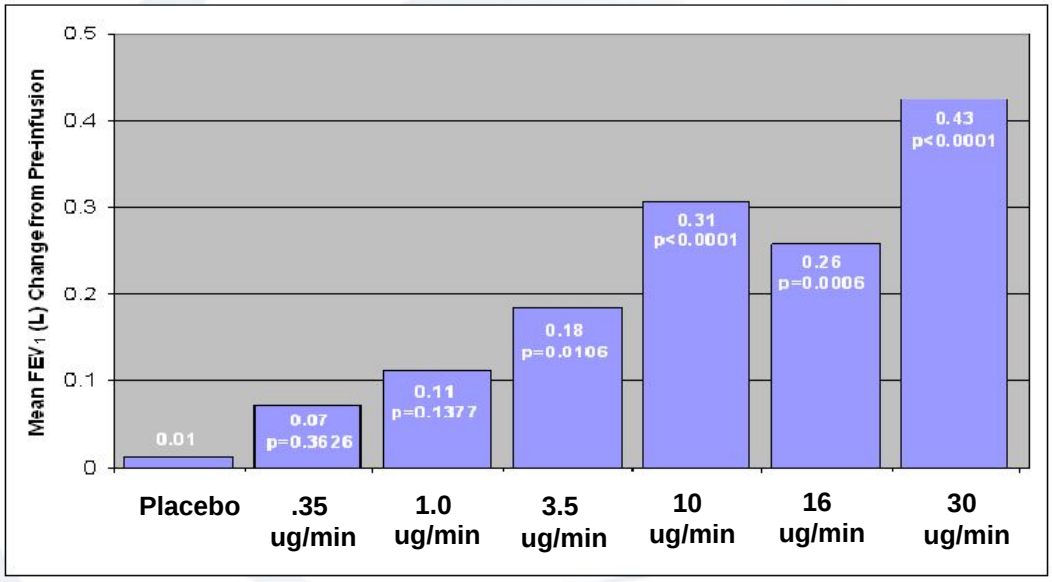
MN-221-CL-002: Primary Efficacy Variable

Change from Pre-Infusion FEV1 at 15 min (ITT)



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MN-221: Safety

Phase IIa Safety Findings:

- No clinically significant cardiovascular, ECG or vital sign changes, or any other safety concerns observed at doses up to 30 micrograms/minute for 15 minutes or any time point thereafter
- 60 micrograms/minute infusion improved FEV1 significantly ($p < 0.0001$) without clinically significant cardiovascular, ECG or vital sign changes; however, the safety trend led us to believe that this is a possible MTD and higher doses should not be tested

Safety Database:

- MN-221 has been tested in over 300 subjects in the US and Europe to date
- Subjects have had infusions with no clinically significant adverse events at:
  - 16 micrograms/minute for up to 4 hours and at lower doses for up to 24 hours

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MN-221: Next Steps

Commence two Phase IIb studies to test efficacy of MN-221 in status asthmaticus patients in the emergency room

Single Blind (~32 patients)

- Anticipated commencement date: 1H'08
- Results expected as early as 2H'08

Double Blind (~200 patients)

- Anticipated commencement date: 2H'08
- Results expected as early as 2H'09

Commence second Phase IIa study in stable asthmatic patients (~20 patients) for extended dosing (4 hour infusion)

- Anticipated commencement date: 1H'08
- Results expected as early as 2H'08

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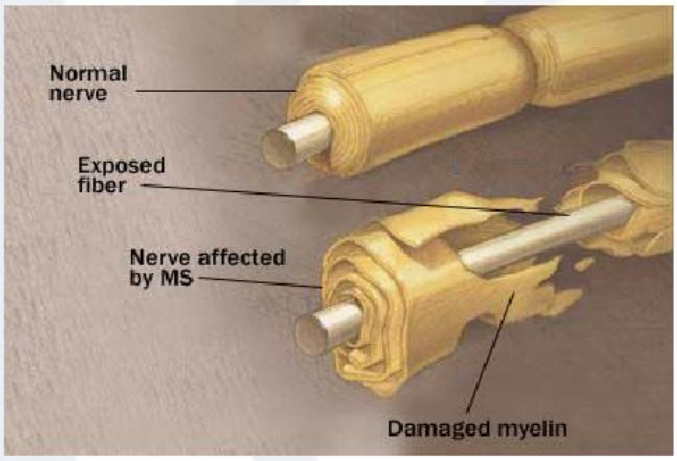
MN-166 Overview



- **Multiple Sclerosis**
  - Autoimmune disease
  - Progressive loss of neuromuscular function
    - Relapsing forms
    - Progressive forms
  - Damage to myelin sheath
  - Damage to neuronal axon

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MN-166 Overview

Multiple Sclerosis Market:

- Approximately $7.2 B worldwide sales in 2006*

Current Standard of Care:

- Beta interferons, Copaxone®, Tysabri®
- Administered either by intramuscular or subcutaneous injection or infusion

MN-166:

- Anti-inflammatory and neuroprotective properties *in vitro* and *in vivo*
  - Stimulates Th2 cytokine production and neutrophil factor release
  - Cerebrovasodilator
  - Inhibits leukotrienes, phosphodiesterases, Th1 cytokine production, nitric oxide and reactive oxygen species production
  - Demonstrated effects on brain volume
- Targets both primarily chronic aspects of multiple sclerosis
- Oral administration

**Source: MedAdNews, June 2007*

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There Are Substantial Unmet Needs in MS

	Description
Efficacy (relapse rate)	▪ Current agents offer only 30-50% relapse reduction ▪ Neutralizing antibodies can diminish efficacy over time ▪ Most patients ultimately progress; neurodegeneration leads to functional disability
Safety/ tolerability	▪ AEs – including flu-like symptoms ▪ SAEs – Rare but fatal PML with Tysabri ® ▪ Safety issues with pipeline drugs
Administration	▪ Injections – daily or weekly ▪ Infusions – monthly
Combination	▪ Increasing interest in combination therapies given sub-optimal efficacy with current "core" agents ▪ Black box on combination with Tysabri, REMS program
Axonal Protection	▪ Demonstrated neuroprotection, that is, reduction in disease progression, would be groundbreaking ▪ Historically, anti-inflammatory agents have shown little impact on disease progression

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Current Clinical Studies: MN-166-CL-001

Placebo-controlled, randomized, double-blind Phase II study:

- Year 1 0, 10 mg tid, 20 mg tid
- Year 2 10 mg tid, 20 mg tid
- n ~ 100 MS patients/group @ 25 sites in Serbia, Ukraine, Belarus, Bulgaria and Romania

Key inclusion criteria:

- Males or females aged 18 to 55 years, with relapsing remitting (RR) and/or secondary progressive (SP) Multiple Sclerosis with continued relapses;
- A definite diagnosis of relapsing MS using the new International Committee recommendations (MacDonald Criteria);
- One MRI scan taken two weeks prior to treatment start using a standardized MRI protocol with at least one Gd-enhancing lesion;
- An EDSS score of 5.5 or less at the screening and baseline visits.

MN-166 Targets Primarily Chronic Aspects of MS

MN-166 Effects Outcomes Related to Disease Progression in RRMS Patients

Clinical and MRI Outcomes:

- Prolong time to relapse (by 127 days.) ***P-Value 0.044***
- Sustained disability progression was significantly less likely (-50%) ***P-Value 0.026***
- Reduced Brain Volume Loss ***P-Value 0.030***
- Reduced Conversation of Acute Lesions to Persistent Black Holes ***P-Value 0.011***

Mechanisms of Action

- Stimulates Neurotrophic Growth Factor Release
- Inhibits nitric oxide and reactive oxygen species production
- Inhibits Th1 cytokine production (IFN-γ, TNF-α, IL-1β, IL-6)
- Pilot studies found reduced relapse rate and Th2 cytokine shift → Th1
- Phosphodiesterase IV and Leukotriene inhibitor

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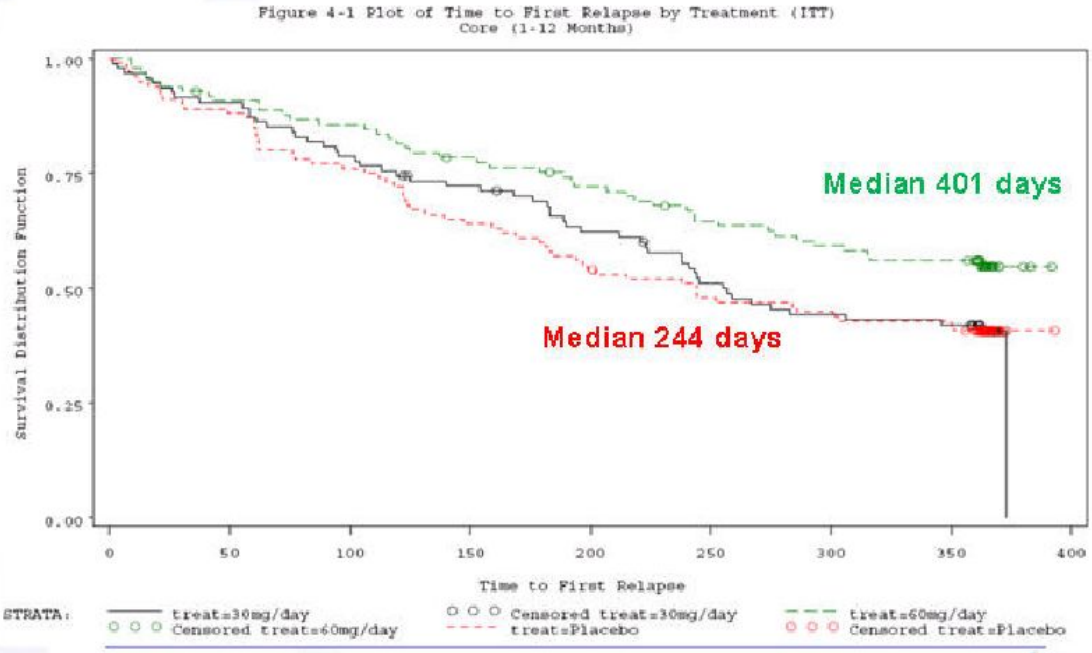
Acute Efficacy Demonstrated: Time to First Relapse



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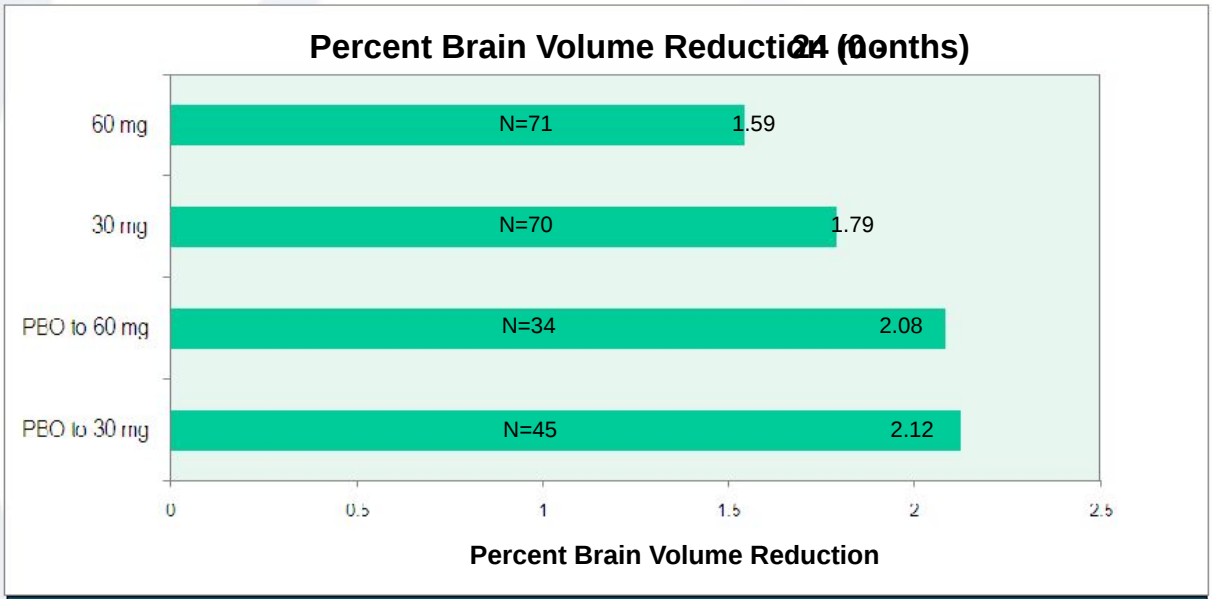
Sustained Disability Progression

	TREATMENT			
Time Period	**Placebo to Active (N=100)**		**30 mg (N=94)**	**60 mg (N=98)**
1 Year	8 (8.0%)		5 (5.3%)	4 (4.1%)
2 Years	8/51 (15.7%)	13/49 (26.5%)	10 (10.6%)	10 (10.2%)
	21/100 (21%)		20/194 (10.4%) **p=0.0264**	

Disability Progression is defined as a sustained increase i
(increase in EDSS maintained for four consecutive month

Chronic Efficacy Demonstrated: Effects on Brain Volume



Brain volume loss was significantly less (p=0.030) in patients rec per day of MN-166 for 24 months compared to the other treatme

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Reduction of Persistent Black Hole (PBH) Formation, a Sign of Axonal Loss

Parameter	Treatment Groups		
	Placebo	30 mg/day	60 mg/day
# Patients w. New Lesions at Month 2	72	64	56
Mean Proportion of Lesions Evolving to PBH	0.24	0.20	0.16
Relative Risk (for Evolution to PBH) vs. placebo	-	0.74	0.63
p Value	**-**	**0.074**	**0.011**

- MN-166 treatment at 60 mg per day significantly reduced the relative risk for conversion of new inflammatory lesions identified at month two to Persistent Black Holes (PBH), an MRI indicator of neuronal loss, eight months later at month ten by 37 percent (p=0.011); such lesions that remain unchanged for eight months are considered as PBH as compared to transient inflammatory lesions that are more closely associated with relapses.
- MN-166 treatment at 30 mg per day resulted in a trend toward reducing evolution to PBH (p=0.074).
- Loss of brain volume and development of PBH have been shown to correlate with clinical progression and disability in MS patients.

MN-166 Overview-Safety

- **MN-166 was very well tolerated in Phase II study:**
  - 89% (264 of 297) of subjects completed the first 12 months of the study
  - 82.5% (245 of 297) of subjects completed the full 24 months of the study
- **Discontinuation due to adverse effects was infrequent** (5.1% in 60 mg/day for 24 months, 2.1% in 30 mg/day for 24 months, 2.0% in placebo to 60 mg/day, 1.9% in placebo to 30 mg/day)
- **Adverse effects were generally mild and self-limiting**
- **GI adverse effects as a group and depression were the only adverse events to occur more frequently in MN-166-treated than in placebo-treated subjects**
- **Tolerance to the GI side effects occurred rapidly (2-4 days) and tended to occur early in treatment whether MN-166 treatment was initiated in Year 1 or Year 2**
- **Mild-to-moderate depression was reported in 8 subjects; depression is common in MS patients and was reported only towards the end of the study**
- **No significant increase in adverse laboratory or ECG findings was observed**
- **20 serious adverse events were reported; all were unlikely to be attributable to treatment**
- **No deaths occurred in the study**

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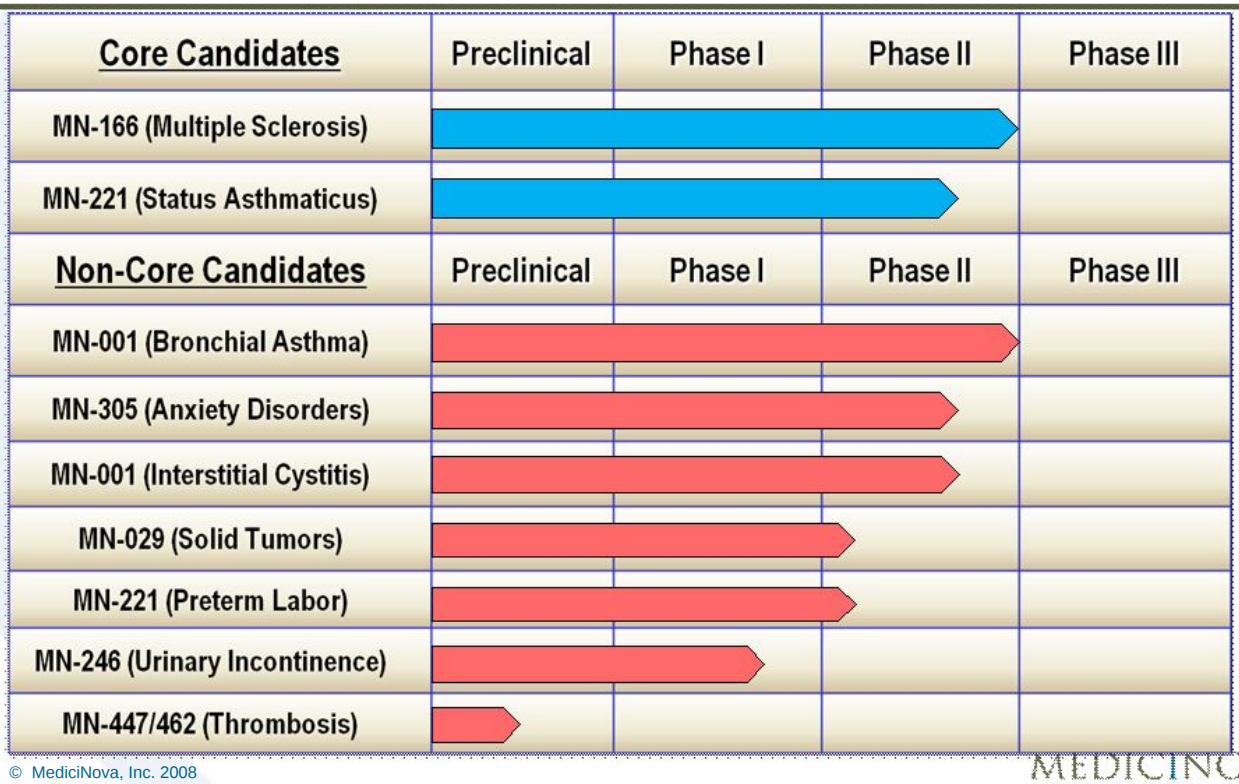
Safety Comparison with Other Oral Agents

Compound	Sponsor	Current Phase	Safety Profile from Phase II trials		
MN-166	MediciNova	Phase II	Mild, transient GI upset		
FTY 720	Novartis	Phase III	↑ Blood pressure ↓Heart rate	Dyspnea	↑Liver enzymes Lymphopenia
Cladribine	Merck Serono	Phase III	Fever	Nausea, Vomiting	Leucopenia
BG-12	Biogen-Idec	Phase III	H/A, Nasopharyngitis	GI disorders	↑Liver enzymes
Laquinimod	Teva	Phase III	↑Liver enzymes	Arthralgia	↑Fibrinogen ↓Hemoglobin

Commercially-Attractive Diversified Portfolio



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Near-Term Clinical Milestones

MN-221 for Status Asthmaticus

- Single-blind Phase IIb study to test efficacy – commencement date: 1H'08
  - Results as early as 2H'08
- Double-blind Phase IIb study to test efficacy – commencement date: 2H'08
  - Results as early as 2H'09
- Second Phase IIa study for extended dosing – commencement date: 1H'08
  - Results as early as 2H'08

MN-166 for Multiple Sclerosis

- Announced Two-Year Phase II results – April 7, 2008
- Pursue corporate partnership to further development

MediciNova is constantly evaluating opportunities to partner MN-166 and other product candidates

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Key Financials

Dual Listing:

- MNOV (NasdaqGM), December 2006
- 4875 (Osaka~~H~~ercules), February 2005
- Limited liquidity due to low float

Cash: $70.6 M as of 12/31/07

Market cap as of 4/15/08: ~$49.6 M

Shares outstanding: 11.9 M

Management Team with Global Experience





Leadership	Years Experience	Background
Yuichi Iwaki, MD, PhD CEO & President	32	Prof. USC, Formerly Prof. Pitt; Advisor to JAFCO, Tanabe Director, Avigen, Inc.
Richard Gammans, PhD, MBA Chief Development Officer	30	Incara, Indevus, BMS
Kenneth W. Locke, PhD Chief Scientific Officer	23	Tanabe Research Laboratories USA, Indevus, Hoechst
Shintaro Asako, CPA Chief Financial Officer	9	KPMG USA (Audit), Arthur Andersen USA
Masatsuno Okajima, CMA VP, Head of Japanese Office	16	Daiwa Securities SMBC, Sumitomo Capital Securities, Sumitomo Bank

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Investment Highlights

MN-221 (Status Asthmaticus):

- Proven mechanism of action
  - Highly selective with improved safety profile vs. standard of care
- Low risk / high reward proposition
  - Positive efficacy data
  - Low development costs to market

MN-166 (Multiple Sclerosis):

- Current treatment of MS represents significant unmet medical need
  - Multi-billion dollar market opportunity
- Both chronic and acute efficacy have been demonstrated in clinical studies

Robust pipeline

- Six compounds with applications in multiple disease areas

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