| SEC For   | m 4   |  |   |                            |  |  |   |  |           |  |  |                                     |  |  |   |  |                                       |  |
|---|---|--|---|----------------------------|--|--|---|--|-----------|--|--|-------------------------------------|--|--|---|--|---------------------------------------|--|
| FORM 4 UNITED ST  |   |  |   | TATE                       | ATES SECURITIES AND EXCHANGE COMMISSION<br>Washington, D.C. 20549  |  |   |  |           |  |  |                                     |  |  |   | OMB APPROVAL   |                                       |  |
| Section 16. Form 4 or Form 5<br>obligations may continue. See                           |   |  |   | Filed p                    | AT OF CHANGES IN BENEFICIAL OWNE<br>d pursuant to Section 16(a) of the Securities Exchange Act of 1934<br>or Section 30(h) of the Investment Company Act of 1940 |  |   |  |           |  |  |                                     | HIP  | Estima   | OMB Number:         3235-0287           Estimated average burden            hours per response:         0.5 |  |                                       |  |
| 1. Name and Address of Reporting Person <sup>*</sup><br>Matsuda Kazuko                  |   |  |   |                            | 2. Issuer Name and Ticker or Trading Symbol<br><u>MEDICINOVA INC</u> [ MNOV ]  |  |   |  |           |  |  |                                     | elationship o<br>eck all applica<br>C Director   | able)  | 10% Owner   |  |                                       |  |
| (Last) (First) (Middle)<br>C/O MEDICINOVA, INC.   |   |  |   |                            | 3. Date of Earliest Transaction (Month/Day/Year)<br>01/27/2022   |  |   |  |           |  |  |                                     | X Officer (give title Other (specify below) below) Chief Medical Officer                               |  |   |  | pecify                                |  |
| 4275 EXECUTIVE SQUARE, SUITE 300<br>(Street)<br>LA JOLLA CA 92037                       |   |  |   | 4                          | 4. If Amendment, Date of Original Filed (Month/Day/Year)   |  |   |  |           |  |  |                                     | 6. Individual or Joint/Group Filing (Check Applicable<br>Line)<br>X Form filed by One Reporting Person |  |   |  |                                       |  |
| (City) (State) (Zip)  |   |  |   |                            |  |  |   |  |           |  |  |                                     | Form filed by More than One Reporting<br>Person  |  |   |  |                                       |  |
| Table I - Non-Deriva       1. Title of Security (Instr. 3)     2. Transa Date (Month/D) |   |  |   | ransactio                  | ction 2A. Deemed<br>Execution Date   |  | a, 3.<br>Transaction Disp<br>Code (Instr. |  | 4. Securi | d of, or Benefic<br>curities Acquired (A)<br>sed Of (D) (Instr. 3, 4 |  | or 5. Amount                        |  | Form<br>(D) or   | n: Direct<br>or Indirect<br>nstr. 4)  | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)        |                                       |  |
|   |   |  |   |                            |  |  | Code                                      | v  | Amount    | (A) o<br>(D)   | r Price  | Transaction(s)<br>(Instr. 3 and 4)  |  |  |   | insti. 4)  |                                       |  |
|   |   |  | Table II - Der<br>(e.g                                      |                            |  |  |   | uired, Dis<br>s, options                                       |           |  |  |                                     | Owned  |  |   |  |                                       |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                                     | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) | 4.<br>Transa<br>Code<br>8) |  | 5. Number of<br>Derivative<br>Securities<br>Acquired (A)<br>or Disposed<br>of (D) (Instr.<br>3, 4 and 5) |   | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |           |  | 7. Title and Amour<br>of Securities<br>Underlying<br>Derivative Security<br>(Instr. 3 and 4) |                                     | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)  | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s) |   | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>(Instr. 4) |  |
|   |   |  |   | Code                       | v  | (A)  | (D)                                       | Date<br>Exercisable  |           | piration<br>te   | Title  | Amount<br>or<br>Number<br>of Shares |  | (Instr. 4)   |   |  |                                       |  |
| Employee<br>Stock<br>Option<br>(Right to<br>Buy)  | \$5.92  | 01/27/2022                                 |   | A                          |  | 192,500  |   | 01/27/2022   | 02/1      | /17/2031   | Common<br>Stock  | 192,500                             | \$0  | 192,500  | ) <sup>(1)</sup>  | D  |                                       |  |

Explanation of Responses:

1. On February 18, 2021, the reporting person was granted an option to purchase 350,000 shares of common stock. The option vests based on the satisfaction of certain performance criteria for the fiscal year ended December 31, 2021. Such performance criteria for 2021 were achieved at the 55% attainment level, resulting in vesting of the option as to 192,500 shares.

| <u>/s/ Yuichi Iwaki, attorney-in-</u> |            |
|---------------------------------------|------------|
| fact                                  | 01/31/2022 |

\*\* 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.