FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL |
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OMB Number: 3235-0287 Estimated average burden hours per 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)

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

| 1. Name and Address of Reporting Person* DUNTON ALAN W | | | | | | 2. Issuer Name and Ticker or Trading Symbol MEDICINOVA INC [4875 OSE] | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|--|------------|-------|---|--|--|--------|------|--|--------|--------------------|---|---|--|--|--|--|---------------------------------------|---|
| | | | | | | Date of Earliest Transaction (Month/Day/Year) | | | | | | | | X | | r (give title | | 10% Ov Other (s | · |
| (Last) (First) (Middle) 4350 LA JOLLA VILLAGE DRIVE, #950 | | | | | | 11/12/2006 | | | | | | | | | below) | | | below) | |
| (Street) SAN DIEGO CA 92122 | | | | 4. If | 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) | (S | tate) | (Zip) | | | | | | | | | | | | Person | | e than | One Repor | ting |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | Execution Date, | | | Transaction Disposed Code (Instr. 5) | | | ties Acquir I Of (D) (Ins | | | 5. Amour Securitie Beneficia Owned F | s Form ally (D) o ollowing (I) (In | | : Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | Code | v | Amount | (A) or (D) | | ice | Transact (Instr. 3 a | tion(s) | | | (111511.4) | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | ative Conversion Date Execution Date, ity or Exercise (Month/Day/Year) if any | | | Transaction Of Code (Instr. 8) Secu Acqu (A) on Dispo | | | of E | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | id Amo ties ig e Secu nd 4) | 1 | 3. Price of Derivative Security Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisabl | | Expiration Date | Title | Amo or Num of Shar | ber | | | | | |
| Stock Option (right to | \$9.73 | 11/12/2006 | | | A | | 20,000 | | (1) | 1 | 1/11/2016 | Common Stock | 20,0 | 000 | \$0 | 20,000 | 0 | I | By Danerius, LLC ⁽²⁾ |

Explanation of Responses:

- 1. The option is fully vested and exercisable on November 12, 2007.
- 2. The Reporting Person is the sole member of Danerius, LLC. Pursuant to Instruction (4)(b)(iv) of Form 4, the Reporting Person has elected to report as indirectly beneficially owned the entire number of securities beneficially owned by such entities. The Reporting Person disclaims beneficial ownership of any securities, and any proceeds thereof, that exceed his pecuniary interest therein and/or that are not actually distributed to him.

Remarks:

/s/ Shintaro Asako, Attorneyin-Fact

11/14/2006

** 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.