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): November 10, 2016

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)	(I.R.S. Employer Identification No.)

4275 EXECUTIVE SQUARE, SUITE 650, LA JOLLA, CA	92037
(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 (see General Instruction A.2. below):

☐ 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.

On November 10, 2016, MediciNova, Inc. (the "Company") updated the slide presentation to be used by the Company at investor meetings. A copy of the revised slide presentation is furnished as Exhibit 99.1 and is incorporated herein by reference. The Company does not undertake to update this presentation.

The information in Item 7.01 of this Current Report on Form 8-K, including Exhibit 99.1, is being furnished and shall not be deemed "filed" for purposes of Section 18 of the Securities Exchange Act of 1934 or otherwise subject to the liabilities under that Section, nor be deemed to be incorporated by reference into the filings of the registrant under the Securities Act of 1933 or the Securities Exchange Act of 1934, except as expressly set forth by specific reference in such a filing.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits

Exhibit No.	Description
99.1	Slide presentation of the Company.

SIGNATURE

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.

By: /s/ Yuichi Iwaki
Yuichi Iwaki, M.D., Ph.D.
Chief Executive Officer

Date: November 10, 2016

EXHIBIT INDEX

Exhibit No.	Description
99.1	Slide presentation of the Company.

MEDICINOVA

Corporate Presentation

November 2016

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 statements regarding MediciNova's clinical trials supporting the safety and efficacy of its 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, expectations, assumptions, financial condition, liquidity and capital resources. These forward-looking statements include, without limitation, statements regarding the future development and efficacy of MN-166, MN-221, MN-001, and MN-029. These forward-looking statements may be preceded by, followed by or otherwise include the words "believes," "expects," "anticipates," "intends," "estimates," "projects," "can," "could," "may," "will," "would," "considering," "planning" or similar expressions. These forward-looking statements involve a number of risks and uncertainties that may cause actual results or events to differ materially from those expressed or implied by such forward-looking statements. Factors that may cause actual results or events to differ materially from those expressed or implied by these forward-looking statements include, but are not limited to, risks of obtaining future partner or grant funding for development of MN-166, MN-221, MN-001, and MN-029 and risks of raising sufficient capital when needed to fund MediciNova's operations and contribution to clinical development, risks and uncertainties inherent in clinical trials, including the potential cost, expected timing and risks associated with clinical trials designed to meet FDA guidance and the viability of further development considering these factors, product development and commercialization risks (including reliance on a joint venture entity in China to develop and commercialize MediciNova's product candidates in China), risks related to MediciNova's reliance on the success of its MN-166 and MN-001 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, risks associated with the reliance on third parties to sponsor and fund clinical trials, risks regarding intellectual property rights in product candidates and the ability to defend and enforce such intellectual property rights, the risk of failure of the third parties upon whom MediciNova relies to conduct its clinical trials and manufacture its 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 of expected filings with the regulatory authorities, MediciNova's collaborations with third parties, the availability of funds to complete product development plans and MediciNova's ability to obtain third party funding for programs and raise sufficient capital when needed, and the other risks and uncertainties described in MediciNova's filings with the Securities and Exchange Commission, including its annual report on Form 10-K for the year ended December 31, 2015 and its subsequent periodic reports on Forms 10-Q and 8-K. Undue reliance should not be placed on these forward-looking statements, which speak only as of November 10, 2016. MediciNova disclaims any intent or obligation to revise or update these forward-looking statements.

MediciNova Overview

MediciNova, Inc. is a publicly-traded, development-stage biopharmaceutical company **focused on acquiring and developing novel, small-molecule therapeutics for the treatment of diseases with unmet medical needs**.

Headquarters	Dual-Listed	No. of Employees
La Jolla, California	Listed in both the U.S. and Japan NASDAQ: MNOV TSE - JASDAQ: 4875	10 • 7 in US • 3 in Japan

MEDICINOVA

Investment Highlights

Novel product candidates in Phase 2 clinical development with encouraging efficacy and safety data	
MN-166 (ibudilast)	Treatment of Neurological Diseases i.e. Progressive MS, ALS, and Substance Dependence • Approved in Japan in 1989 - post-stroke dizziness and asthma • Large safety database
MN-001 (tipelukast)	Treatment of Fibrotic Diseases i.e. IPF (idiopathic pulmonary fibrosis) Treatment of Hyperlipidemia and Fibrotic Disease i.e. NASH (nonalcoholic steatohepatitis) and NAFLD (nonalcoholic fatty liver disease)
Well capitalized	
Experienced management team	

MEDICINOVA

Programs in Clinical Development

Core programs/ Indications	Status	Preclinical	Phase 1	Phase 2	Phase 3
MN-166, Oral Anti-Inflammatory / Neuroprotective Therapeutic					
NEURODEGENERATIVE DISEASES					
Progressive Multiple Sclerosis NeuroNEXT / Cleveland Clinic (Funded by NINDS)	FAST TRACK	Ongoing: Fully Enrolled in Q2-2015			
ALS (Amyotrophic Lateral Sclerosis) Carolinas Neuromuscular / ALS-MDA Center ★	FAST TRACK	Ongoing			
ALS / Biomarker Massachusetts General Hospital (MGH)		Ongoing			
SUBSTANCE DEPENDENCE					
Methamphetamine Dependence UCLA (Funded by NIDA)	FAST TRACK	Ongoing			
Opioid Dependence Columbia University (Funded by NIDA)		Completed Phase 2 trial			
Alcohol Dependence UCLA (Funded by NIAAA)		Completed Phase 2 trial			
MN-001, Oral Anti-Inflammatory / Anti-Fibrotic Therapeutic					
NASH (Nonalcoholic Steatohepatitis)	FAST TRACK	Ongoing			
IPF (Idiopathic Pulmonary Fibrosis) ★	FAST TRACK	Ongoing			

★ *Orphan Drug*

MEDICINOVA

Developing Novel Therapeutics…

MN-166

Ibudilast

MN-001

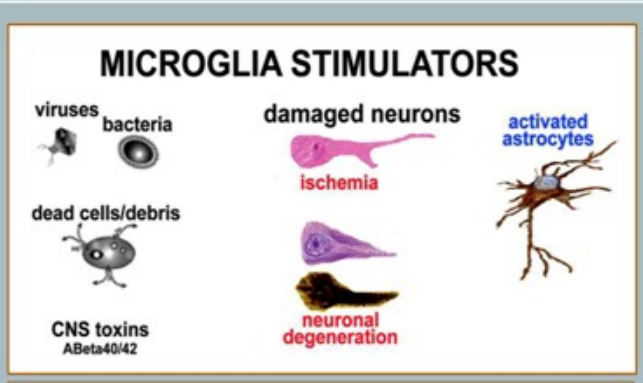
Tipelukast

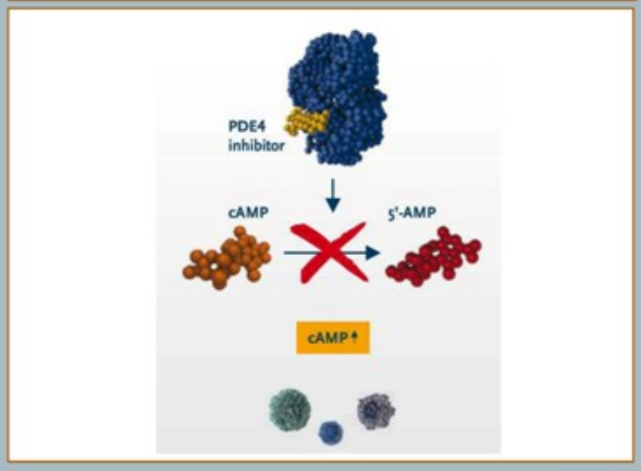
MEDICINOVA

MN-166

Ibudilast

How does MN-166 work?





MIF Inhibition

- Linked to attenuated disease progression in animal models of MS

PDE 4 Inhibition

- Increases cAMP
- Reduces pro-inflammatory cytokines (i.e. IL-1, TNF-α, IL-6)
- Neuroprotection

GLIAL CELL ATTENUATION

- Role of Glia:
  - Type of macrophage
  - Activated during brain damage
  - **Glial activation leads to neurodegeneration**

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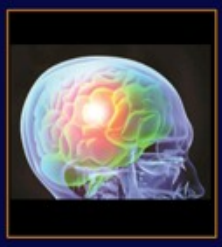
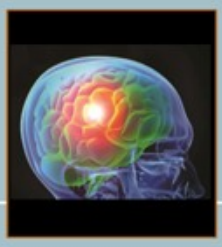


Progressive Multiple Sclerosis (MS)

MEDICINOVA

Progressive Multiple Sclerosis (MS)



MS AFFECTS

2.3M+

Worldwide[1]

400,000+

In United States[1]

DIMINISHED QUALITY OF LIFE

(e.g. fatigue, walking difficulties, weakness, pain, cognitive changes, depression)[1]

EXPECTED MARKET OPPORTUNITY*

$19B+ Worldwide

(*Total sales of RRMS drugs were >$19B in 2015. We believe Progressive MS market is at least as large as RRMS market.)

NO APPROVED DRUGS

For long-term treatment of Progressive MS

1. *Source: National Multiple Sclerosis Society*

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MN-166 Phase 2 Relapsing MS Trial

Completed

MN-166
Ibudilast

Trial Design and Results

Trial Design:
N = 297 subjects with relapsing multiple sclerosis (MS)
Multi-arm (**30 mg/day, 60 mg/day, placebo**) randomized 1:1:1, 12-months of double-blind treatment, followed by 12 months of extension during which placebo subjects were switched to MN-166
Multicenter, 24-month study, with interim 12-month efficacy analyses
Results:
SAFETY: 82% completed the full 24 month study; AEs related to mild, self-limiting GI
EFFICACY: • Did not meet efficacy endpoint of MRI lesion count*, which reflects markers of RRMS • **Hit important neuroprotective endpoints related to disease progression** - Sustained disability progression was significantly less likely - Significant reduction of brain volume loss - Significant reduction of conversion of acute lesions to persistent black holes

** Cumulative number of active (gadolinium (Gd)-enhancing (T1) and nonenhancing new/enlarging (T2) cranial Magnetic Resonance Imagining (MRI) lesions*

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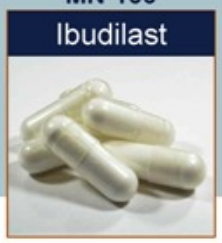
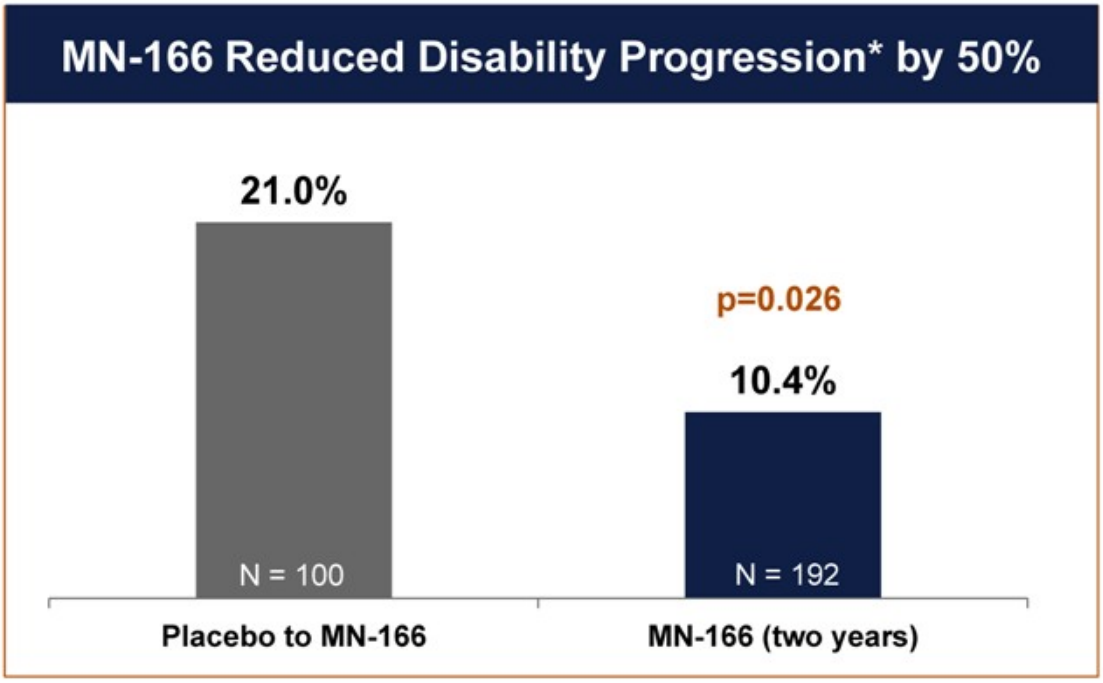
MN-166 Phase 2 Relapsing MS Trial

Disability Progression Data: 24 Months





** Proportion of subjects with disability progression (sustained change in EDSS ≥1 point higher than baseline over a period of at least four consecutive months)*

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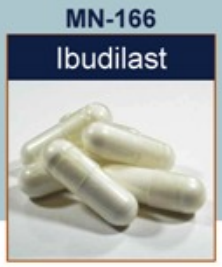
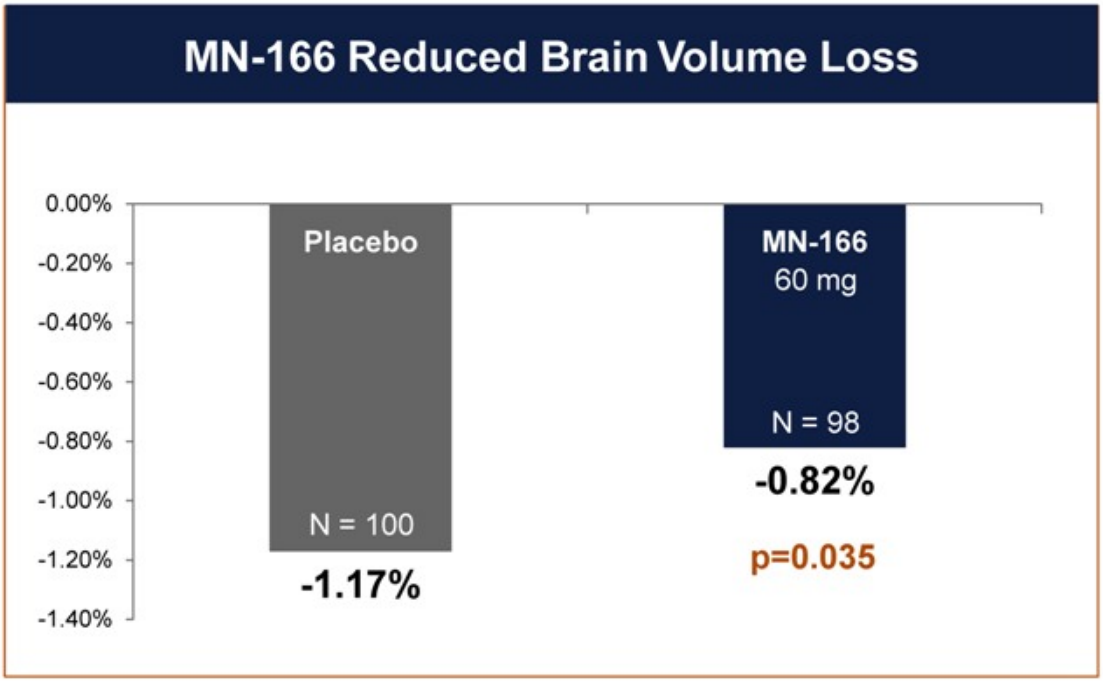
MN-166 Phase 2 Relapsing MS Trial

Brain Volume Data: 12 Months





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MN-166 Phase 2b Progressive MS Trial

Ongoing

MN-166

Ibudilast

SPRINT-MS: Phase 2b Trial in Progressive MS (Ongoing)	
FUNDING	Funded by NIH grant through NINDS
PRIORITY	**Ibudilast was the first drug chosen by NINDS for an interventional clinical trial in the NeuroNEXT program**
PRINCIPAL INVESTIGATOR	**Robert Fox, M.D.** Cleveland Clinic
CLINICAL COORDINATING CENTER	Massachusetts General Hospital
DATA COORDINATING CENTER	University of Iowa
SITES	28 academic medical centers in the NeuroNEXT network
ADDITIONAL FUNDING	National Multiple Sclerosis Society provides patient advocate input and trial enrollment awareness and has provided additional funding

MEDICINOVA

MN-166 Phase 2b Progressive MS Trial

Ongoing

MN-166

Ibudilast

SPRINT-MS: Trial Design	
TRIAL DESIGN	N = 255 subjects with Primary or Secondary Progressive MS (PPMS or SPMS) Interferon-beta or glatiramer acetate are allowed as concomitant medication
	Phase 2b randomized, double-blind trial; 96-weeks; 28 centers in the U.S. (NeuroNEXT sites)
	Dosing: up to 100 mg/day (50 mg BID) of MN-166 (ibudilast) or placebo (1:1 randomization)
OBJECTIVES	Primary: whole brain atrophy using brain parenchymal fraction (BPF); safety and tolerability
	Secondary: disability, imaging analyses of brain and retinal tissue integrity, cortical atrophy, cognitive impairment, quality-of-life, and neuropathic pain
STATUS	Enrollment completed; Interim Analysis in Q4 2016; Final results expected in 2017, assuming trial continues after Interim Analysis

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MN-166 Phase 2b Progressive MS Trial Sites *Ongoing*

MN-166
Ibudilast

Albert Einstein College of Medicine	University of California - Davis
Brigham and Women's Hospital	University of California - Los Angeles
Cleveland Clinic	University of Cincinnati
Columbia University Medical Center	University of Colorado – Denver
Emory University	University of Kansas Medical Center
Massachusetts General Hospital	University of Miami School of Medicine
Northwestern University	University of Pittsburgh
Ohio State University	University of Rochester
Oregon Health and Science University	University of Texas Southwestern
SUNY Buffalo	University of Utah
SUNY Stony Brook	University of Virginia – Charlottesville
SUNY Upstate	Vanderbilt University
Swedish Medical Center - Seattle	Washington University in St. Louis
University of Alabama at Birmingham	Weill Cornell Medical College

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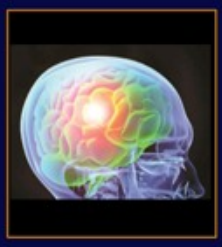

Amyotrophic Lateral Sclerosis (ALS)

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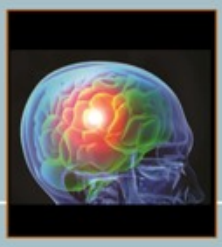
Amyotrophic Lateral Sclerosis (ALS)
"Lou Gehrig's Disease"



ALS AFFECTS
~20,000
People
In United states[1]

ORPHAN INDICATION

LIFE EXPECTANCY
2-5YRS [1]

FATAL

An effective new drug for ALS could generate sales of
$1B+ [2]

EXPECTED MARKET OPPORTUNITY

CURRENT APPROVED DRUGS
RILUZOLE

Increases survival by ONLY 2-3 month[3]

1. *Source: ALS Association*
2. *Source: Cowen & Co. estimate*
3. *Cochrane Database of Systematic Reviews*

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MN-166 Phase 2 ALS Trial *Ongoing*

MN-166
Ibudilast

ALS Trial Design	
TRIAL DESIGN	N = up to 120 ALS subjects with onset <10 years up to 60 without non-invasive ventilation (NIV) support up to 60 with NIV support
	Phase 2 randomized, double-blind trial at Carolinas Neuromuscular/ALS-MDA Center Principal Investigator: Dr. Benjamin Rix Brooks
	Duration: 6 months of double-blind treatment + open label extension (6 months)
	Dosing: 60 mg/day of MN-166 or placebo (2:1 randomization) with riluzole
OBJECTIVES	Safety and tolerability, functional activity (ALSFRS-R), respiratory function, muscle strength, quality of life, Clinical Global Impression of Change, serum creatinine as a biomarker, and pharmacokinetics
STATUS	Enrollment commenced in October 2014 Protocol amendment in September 2015 added advanced ALS subjects using non-invasive ventilation (NIV)

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MN-166 Phase 2 ALS Trial: Interim Data at AAN *(April 2016)*

MN-166
Ibudilast

- Interim analysis of 25 subjects without NIV support who completed the 6-month double-blind treatment period with complete respiratory function data.
- No cluster of adverse events was differentially present in MN-166 and placebo treatment subjects.

Interim ALS Data Presented at AAN in April 2016 in Vancouver			
	PLACEBO Mean Decline	MN-166 Mean Decline	IMPROVEMENT
ALSFRS-R Total*	5.80 (0.97 per month)	4.55 (0.76 per month)	22%
ALSFRS-R Bulbar	1.80 (0.30 per month)	0.90 (0.15 per month)	50%
ALSFRS-R Arm	2.40 (0.40 per month)	1.50 (0.25 per month)	38%
Slow Vital Capacity (SVC)	12.71% (2.12% per month)	10.93% (1.82% per month)	14%

** A higher decline indicates a greater worsening of disability.*
Note: As this is the first study of MN-166 in ALS, it was not powered to detect statistical significance.

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MN-166: Addiction Study Summary

MN-166
Ibudilast

Summary of MN-166 Addiction Studies and Data	
Opioid Withdrawal & Analgesia Phase 1b/2a Trial	**MN-166 Reduced Subjective Opioid Withdrawal Scale (SOWS)** MN-166 significantly reduced perspiring ($p<0.05$) and hot flashes ($p<0.05$), two components of SOWS
Opioid Self-Administration Phase 2 Trial	MN-166 significantly **decreased the craving** for • heroin ($p<0.01$), • cocaine ($p<0.01$) • tobacco ($p<0.05$)
	MN-166 significantly **decreased the reinforcing effects of oxycodone** ($p<0.05$)
	MN-166 significantly **enhanced the analgesic effects of oxycodone** ($p<0.05$)
Methamphetamine Dependence Phase Ib Trial	MN-166 significantly reduced perseverations ($p=0.01$) and variability in response times ($p=0.006$), suggesting a **protective effect on sustained attention**
Alcohol Dependence Phase 2a Trial	MN-166 significantly decreased basal, daily alcohol craving over the course of the study ($p<0.05$)

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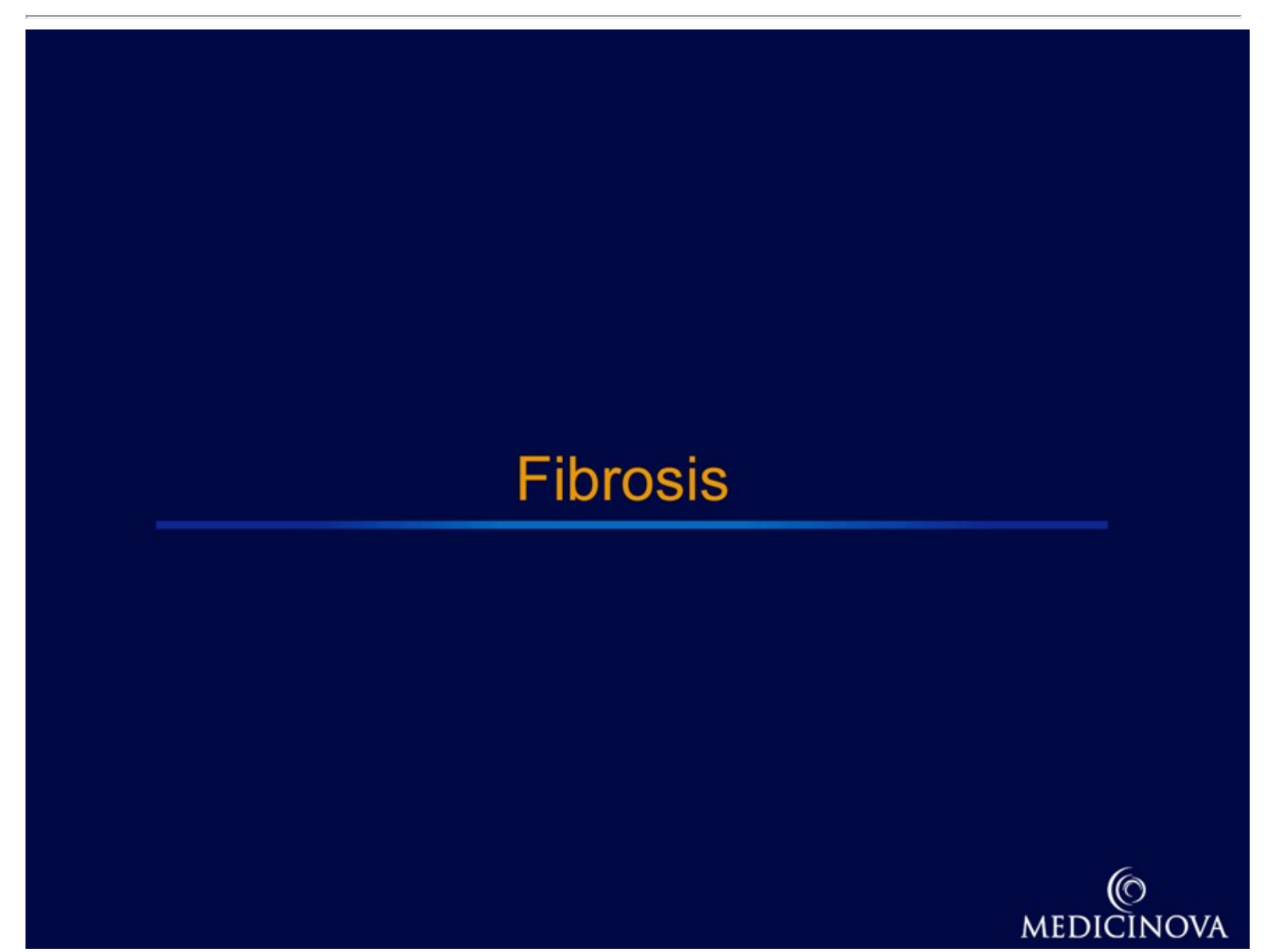
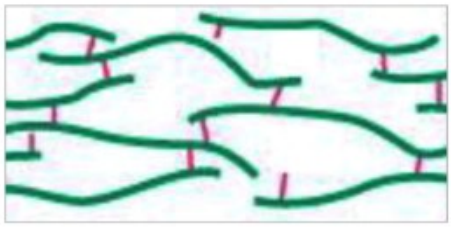
Fibrosis

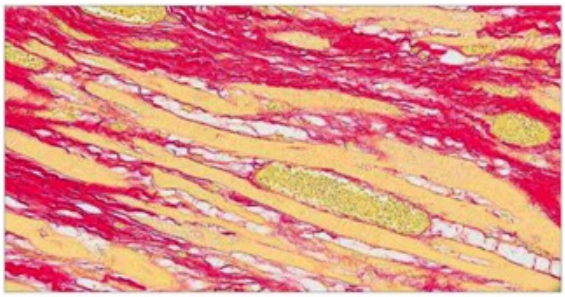


What is Fibrosis?

CROSS-LINKING OF COLLAGEN AND ELASTIN



FIBROSIS



- Fibrosis is the development of excess fibrous connective tissue in an organ
- Fibrosis is a result of inflammation, irritation, or healing (e.g. scar)
- Cross-linking of collagen and elastin is the final step in fibrosis development

MN-001

Tipelukast

How does MN-001 work?

Anti-fibrotic Activity

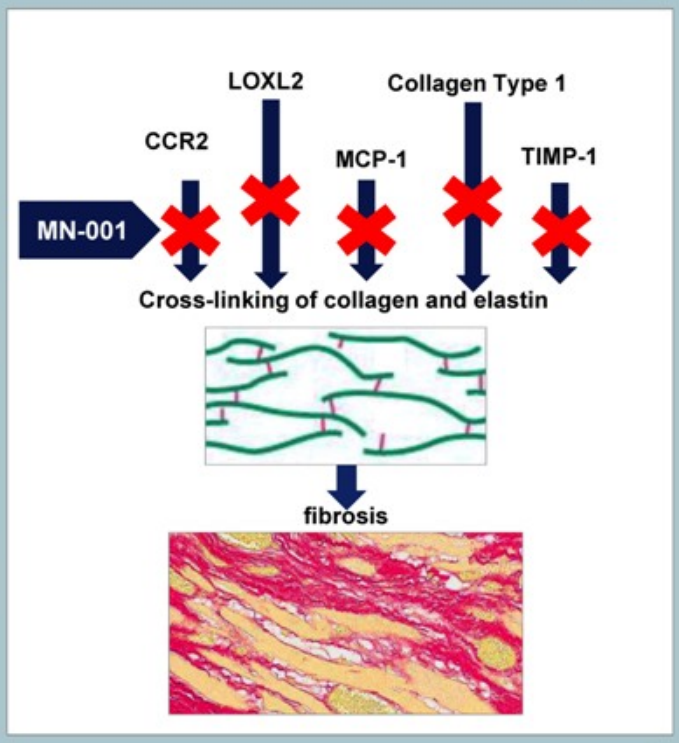
- Reduces mRNA expression of genes that are known to promote fibrosis (e.g. LOXL2, Collagen Type 1, TIMP-1)
- Inhibits 5-lipoxygenase (5-LO)

Anti-inflammatory Activity

- Inhibits leukotriene (LT) and phosphodiesterases (PDE)
- Reduces inflammatory gene expression (e.g. CCR2, MCP-1)

Reduces Triglycerides

- Reduced triglycerides in every clinical trial completed (asthma, interstitial cystitis)



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MN-001 Background

MN-001
Tipelukast

More than 600 human subjects exposed to MN-001 in prior studies

- Completed Phase 2 study of MN-001 in asthma with positive results
- MN-001 was considered generally safe and well-tolerated

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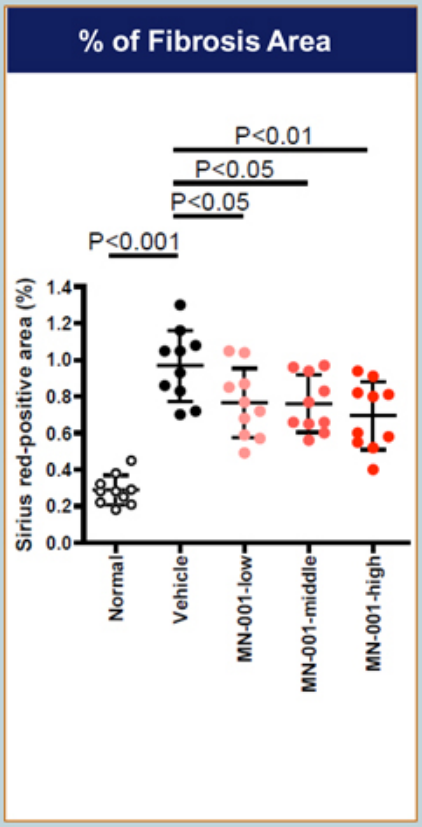
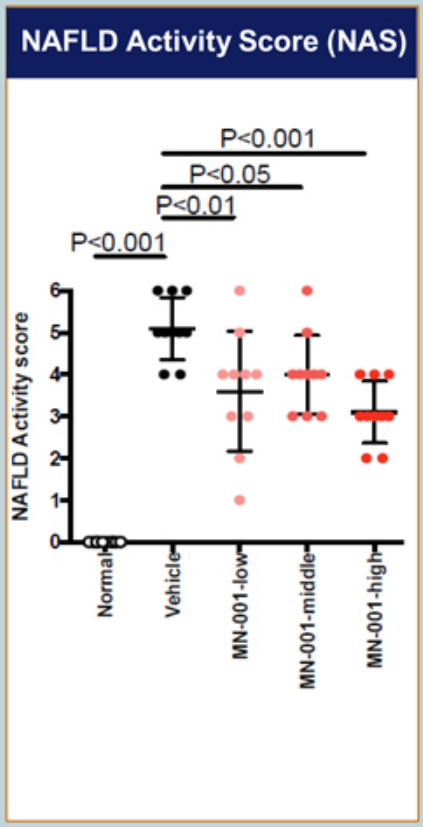
MN-001 Data
NASH & NAFLD Animal Model Studies

MN-001
Tipelukast





- Animal model studies shows MN-001 significantly reduced fibrosis in a dose-dependent manner
  - Improved NAFLD Activity Score (NAS) via a reduction in hepatocyte ballooning
  - Reduced fibrosis area in every preclinical model tested (NASH, Advanced NASH)

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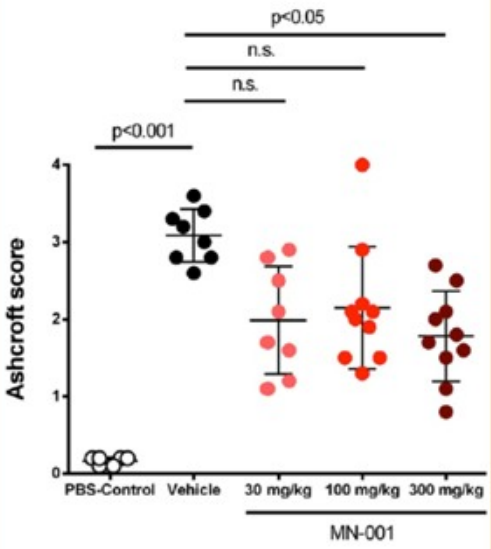
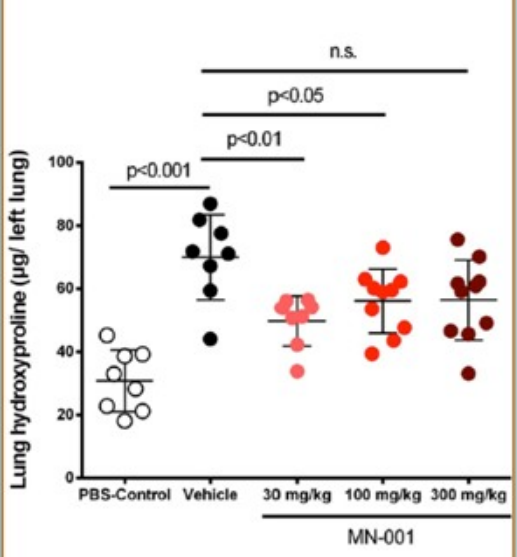
MN-001 Data
IPF Animal Model Study

MN-001
Tipelukast

Ashcroft Score



Lung Hydroxyproline



Animal model study shows MN-001 significantly reduced the Ashcroft Score

- Ashcroft Score measures pulmonary fibrosis based on histopathological staining

MN-001 significantly reduced lung hydroxyproline content

- Hydroxyproline content is an indicator of fibrosis or storage of collagen in tissue

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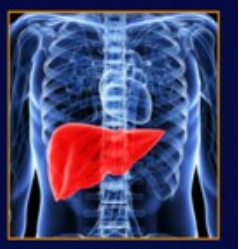
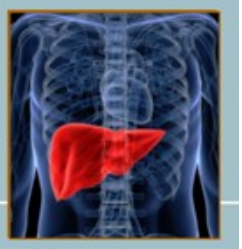


Nonalcoholic Steatohepatitis (NASH)
Nonalcoholic Fatty Liver Disease (NAFLD)

MEDICINOVA

Nonalcoholic Steatohepatitis (NASH)



NASH AFFECTS

2-5%

of People In United States[1]

PREVALENCE

10-20%

of U.S. population[1] has "FATTY LIVER"

due to being

OVERWEIGHT OR OBESE

NASH MARKET FORECAST

$1.6B

By 2020[2]

NO TREATMENT APPROVED

1. *National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)*
2. *Allied Market Research*

MEDICINOVA

MN-001 Phase 2 NASH / NAFLD Trial

Ongoing

MN-001
Tipelukast

NASH / NAFLD Trial Design	
TRIAL DESIGN	N = 40 subjects with NASH with hypertriglyceridemia and NAFLD with hypertriglyceridemia
	Phase 2 multicenter, proof-of-principle, open-label study Principal Investigator: Dr. Paul J. Pockros
	Duration: 12 weeks of treatment
	Dosing: MN-001 250 mg once daily for 4 weeks, followed by MN-001 250 mg twice daily for 8 weeks
OBJECTIVES	Evaluate the effect of MN-001 on: 1) Serum triglyceride levels; cholesterol efflux capacity 2) Safety and tolerability; PK profile; HDL-C, LDL-C, and total cholesterol level; liver enzymes and percent fat in liver at Week 12
STATUS	Enrolling

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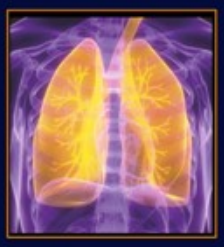

Idiopathic Pulmonary Fibrosis (IPF)

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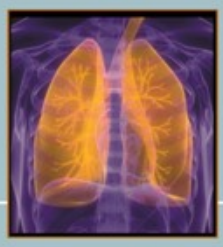
Idiopathic Pulmonary Fibrosis (IPF)



IPF PREVALENCE

132,000 -200,000

In United states[1]

ORPHAN INDICATION

LIFE EXPECTANCY

2-3 YRS[1]

FATAL

IPF MARKET FORECAST

$3B+

By 2025[2]

APPROVED DRUGS

ESBRIET
(pirfenidone)

- Approved in October 2014
- Phase 3 studies enrolled mild to moderate IPF

No survival benefit shown[3]

OFEV
(nintedanib)

- Approved in October 2014
- Phase 3 studies enrolled mild to moderate IPF

No survival benefit shown[4]

1. *Pulmonary Fibrosis Foundation*
2. *GlobalData*
3. *Esbriet prescribing information*
4. *OFEV prescribing information*

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MN-001 Phase 2 IPF Trial *Ongoing*

MN-001
Tipelukast

IPF Trial Design	
TRIAL DESIGN	N = 15 subjects with moderate to severe IPF
	Phase 2 randomized, placebo-controlled, double-blind trial at Penn State Milton S. Hershey Medical Center Principal Investigator: Dr. Rebecca Bascom
	Duration: 26 weeks of double-blind treatment + open label extension (26 weeks)
	Dosing: MN-001 750 mg or placebo twice daily (2:1 randomization)
OBJECTIVES	1) Change from baseline of forced vital capacity (FVC) and FVC % predicted up to 26 weeks, and 2) Semiannual rate of decline of disease activity based on FVC Others: Safety and tolerability; 6-minute walk test (6MWT); Modified Medical Research Council Dyspnea Score (MMRC); quality of life (ATAQ-IPF); frequency of worsening IPF; time to first worsening IPF
STATUS	Enrolling

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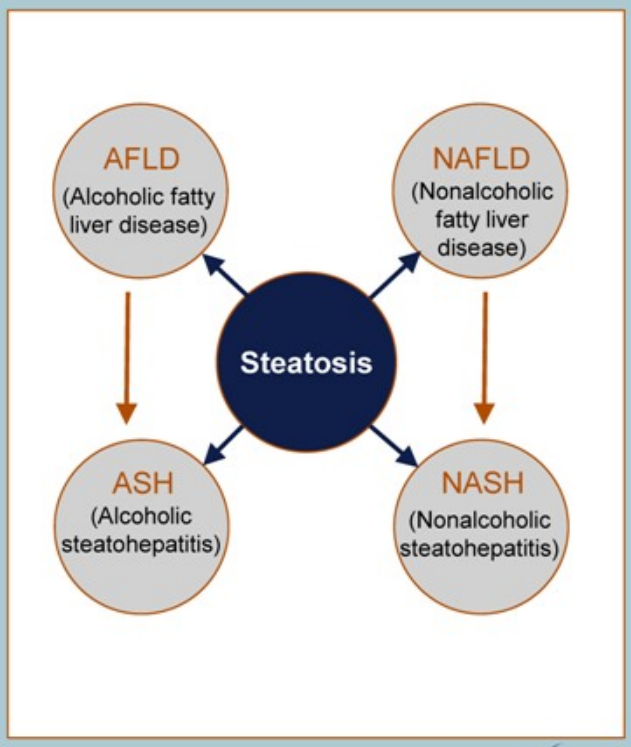
MN-001 (tipelukast): 6 New Patents

MN-001
Tipelukast

6 New Patents cover MN-001 (tipelukast) and MN-002 (a major metabolite of MN-001):	
NASH	Treatment of nonalcoholic steatohepatitis (NASH); expires no earlier than Dec 2032
Advanced NASH	Treatment of advanced NASH with fibrosis; expires no earlier than Sep 2034
NAFLD	Treatment of nonalcoholic fatty liver disease (NAFLD); expires no earlier than Dec 2032
Liver Disorders	Treatment of steatosis, lobular inflammation, hepatic ballooning, hepatic scarring, and elevated liver hydroxyproline levels; expires no earlier than Dec 2032
Lipid Disorders	Treatment of hypertriglyceridemia, hypercholesterolemia, and hyperlipoproteinemia; expires no earlier than July 2034
Fibrosis	Treatment of fibrosis in a broad range of organs; expires no earlier than June 2035



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Financial Summary

CASH POSITION

$25 Million

(9/30/2016)

2015 OPERATING CASH BURN

$7.2 Million

Consolidated Statements Of Operations And Comprehensive Loss		
	2015*	2014*
Operating Expenses ($)		
Research, development and patent	$ 3,017,169	$ 3,259,694
General and administrative	5,805,217	5,963,317
Total operating expenses	8,822,386	9,223,011
Operating loss	(8,822,386)	(9,223,011)
Other expenses	(54,206)	(12,518)
Interest expense	(514)	(628)
Other income	39,386	36,893
Loss before income taxes	(8,837,720)	(9,199,264))
Income tax (expense) benefit	(7,359)	3,972
Net loss applicable to common stockholders	$ (8,845,079)	$ (9,195,292)
Basic and diluted net loss per common share	$ (0.33)	$ (0.38)
Shares used to compute basic and diluted net loss per share	26,578,770	24,067,781

** Year ended December 31*

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Timeline Summary

		2014	2015	2016	2017
MN-166 Ibudilast	**Progressive Multiple Sclerosis**		• Presentation at AAN • Completed Enrollment	• Fast Track • Q4: Interim Analysis (NIH)	• Final Results
	ALS	• New Protocol Submitted • FDA Approval to Start Study • Began Enrollment	• Presentation at AAN • Amended Protocol (Advanced ALS) • Fast Track	• New Patent covers ALS • Initiated ALS Biomarker Study • Interim Data Presented at AAN • Orphan Drug Designation - U.S. • EMA Recommends Orphan Drug Designation - Europe	• 6-month double-blind data
	Substance Dependence	• Positive Interim Data: Opioid	• Final Results: Alcohol	• Final Results: Opioid	
MN-001 Tipelukast	**NASH**	• Positive Preclinical Data • Presented at AASLD and JDDW • New Patents - NAFLD, steatosis / liver disorders	• Opened IND • FDA Approved Protocol • New Patent covers NASH • Fast Track • Initiated Phase 2 Clinical Trial	• New Patent covers Advanced NASH • Lipid Disorders: New Patent covers hypertriglyceridemia, hypercholesterolemia, and hyperlipoproteinemia	
	IPF	• Positive Preclinical Data • Orphan Drug Designation Granted	• FDA Approved Protocol • Fast Track • Initiated Phase 2 Clinical Trial		

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Investment Highlights

Novel product candidates in Phase 2 clinical development with encouraging efficacy and safety data	
MN-166 (ibudilast)	Treatment of Neurological Diseases i.e. Progressive MS, ALS, and Substance Dependence • Approved in Japan in 1989 - post-stroke dizziness and asthma • Large safety database
MN-001 (tipelukast)	Treatment of Fibrotic Diseases i.e. IPF (idiopathic pulmonary fibrosis) Treatment of Hyperlipidemia and Fibrotic Disease i.e. NASH (nonalcoholic steatohepatitis) and NAFLD (nonalcoholic fatty liver disease)
Well capitalized	
Experienced management team	

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