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): July 24, 2007

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 presenting a slide presentation to various investors as part of the Registrant's road show, which begins on July 24, 2007. A copy of the slide presentation to be used by the Registrant at such 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	Investor 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.

Dated: July 24, 2007

MEDICINOVA, INC.

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

EXHIBIT INDEX

Exhibit No.	Description
99.1	Investor presentation of the Registrant

MEDICINOVA

Accelerating the global development and commercialization of innovative pharmaceutical products

MEDICINOVA

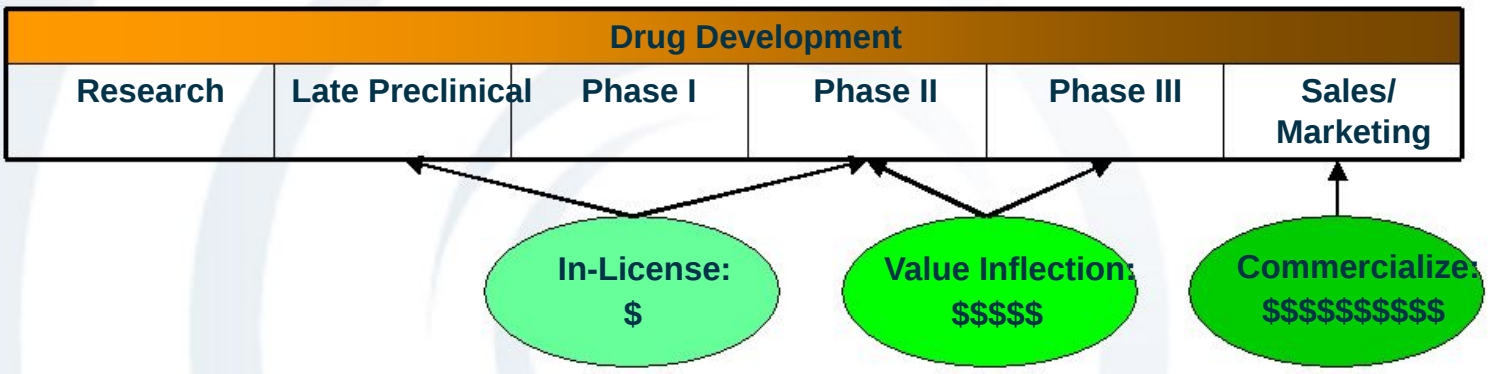
Safe Harbor Statement

This presentation contains forward-looking statements that involve risks and uncertainties. These forward-looking statements include, but are not limited to, statements regarding our strategies and objectives, our plans for the development and commercialization of our product candidates, including development programs and clinical trials, our industry, our financial condition, liquidity and capital resources, the efficacy and potential benefits of our product candidates and other statements that are not historical facts. 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" 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 our product candidates, the uncertainty of whether the results of clinical trials will be predictive of results in later stages of product development, the risk that regulatory authorities may find our filings incomplete or insufficient or otherwise unacceptable or that approval may be delayed or denied, our reliance on third parties and the timing, cost and design of future clinical trials and research activities, the timing of our expected filings with the FDA, the failure to execute strategic plans or strategies successfully, our collaborations with third parties, and the other risks and uncertainties described in our filings with the Securities and Exchange Commission, including our annual report for the year ended December 31, 2006 and our subsequent periodic reports on Forms 10-Q and 8-K. You should not rely unduly on these forward-looking statements, which speak only as of the date hereof. We undertake no obligation to update publicly or revise any forward-looking statements discussed in this presentation.

Corporate Overview

- U.S.-based pharmaceutical company developing and commercializing small molecule therapeutics sourced primarily from Japan
- Special relationships provide unique access to “untapped” source of novel therapeutics
- Broad, deep and advanced development pipeline with key market advantages
- Multiple opportunities for asset realization
- Lead commercial candidates MN-221 (Phase II) and MN-166 (Phase II) targeted
- Seasoned management team with global pharmaceutical experience

Innovative Business Model



- **IN-LICENSE** high-value, differentiated small molecule product candidates from mid-sized Japanese pharmaceutical companies
- **ADVANCE** through proof-of-concept Phase II/III clinical trials
- **MONETIZE** assets at key value inflection points
- **COMMERCIALIZE** certain product candidates for maximum ROI

IN-LICENSE

- Seek - Differentiated small molecules (NCEs) in late preclinical to early Phase II stage that:
  - Fill unmet medical needs
  - Offer competitive market advantages
  - Possess significant market potential
- Source - Mid-sized Japanese pharma (*e.g.*, Kyorin, Kissei, Mitsubishi, Meiji)
  - Special relationships provide unique access to “untapped” source
  - Long history of successful small molecule products
  - Large, detailed data packages
  - Strong IP

Commercially-Attractive Pipeline

Product candidate (indication)	Preclinical	Phase 1	Phase 2	Phase 3	Approval
MN-221 (Status Asthmaticus)					
MN-166 (Multiple sclerosis)					
MN-001 (Bronchial asthma)					
MN-305 (Anxiety Disorders/Insomnia)					
MN-001 (Interstitial cystitis)					
MN-221 (Preterm labor)					
MN-029 (Solid tumors)					
MN-246 (Urinary incontinence)					
MN-447 & MN-462 (Thrombosis)					

ADVANCE

- Advance to next value inflection point (usually Phase II/III proof-of-concept)
- Cost-effective development through tightly–managed CROs
- Experience and expertise in U.S. and European drug development
- Successful advancement has brought new candidates into the portfolio and facilitates future in-licensing (renewable business model)

MONETIZE

At value inflection point:

- Take selected assets forward to commercialization* (*e.g.*, MN-221)
- Out-license to global or regional partner
- Form joint venture to develop asset(s)
- Royalty-based financing

Multiple Opportunities to Realize Asset Value

*pending FDA approval

MN-001: Opportunity to Monetize

- Novel, oral control medication for asthma
- Positive Phase II proof-of-concept data
  - Significant improvement in FEV1
  - Excellent safety profile
- Once-a-day formulation in development (expected 08Q2)
- New composition of matter patent (expiry 2023)

COMMERCIALIZE

Commercialize selected product candidates in the U.S. (*e.g.*, MN-166, MN-221)*.

Asset selection is based on:

- Development time and costs
- Ability to sell with small, focused sales force (50-100 reps)
- Market potential

*pending completion of clinical trials and FDA approval

MN-166 (Multiple Sclerosis)

Source	Kyorin Pharmaceutical (2004)
Mechanism	Neuroprotective + Anti-inflammatory
Advantages	- Oral treatment for MS - 17 year safety history in Japan (asthma, stroke) - New U.S. use patent
Clinical Status	- Positive Phase II results from one year treatment
Milestones	- Full Phase II results anticipated 08Q1 - Initiate Phase III as early as 08Q2
Commercial Strategy	MNOV to commercialize in U.S.*

*pending FDA approval

MN-166: Next Generation Treatment for Multiple Sclerosis

In an oral delivery form, MN-166 provides a high degree of safety with a broader (neuroprotection + anti-inflammatory) efficacy profile than interferons. Based on clinical and radiologic findings, MN-166 has the potential to modify disease progression by mitigating neuronal damage meeting the need for newer MS therapies sought by the MS scientific community.

Proof of concept has been established and Phase III is targeted to begin in 08Q2

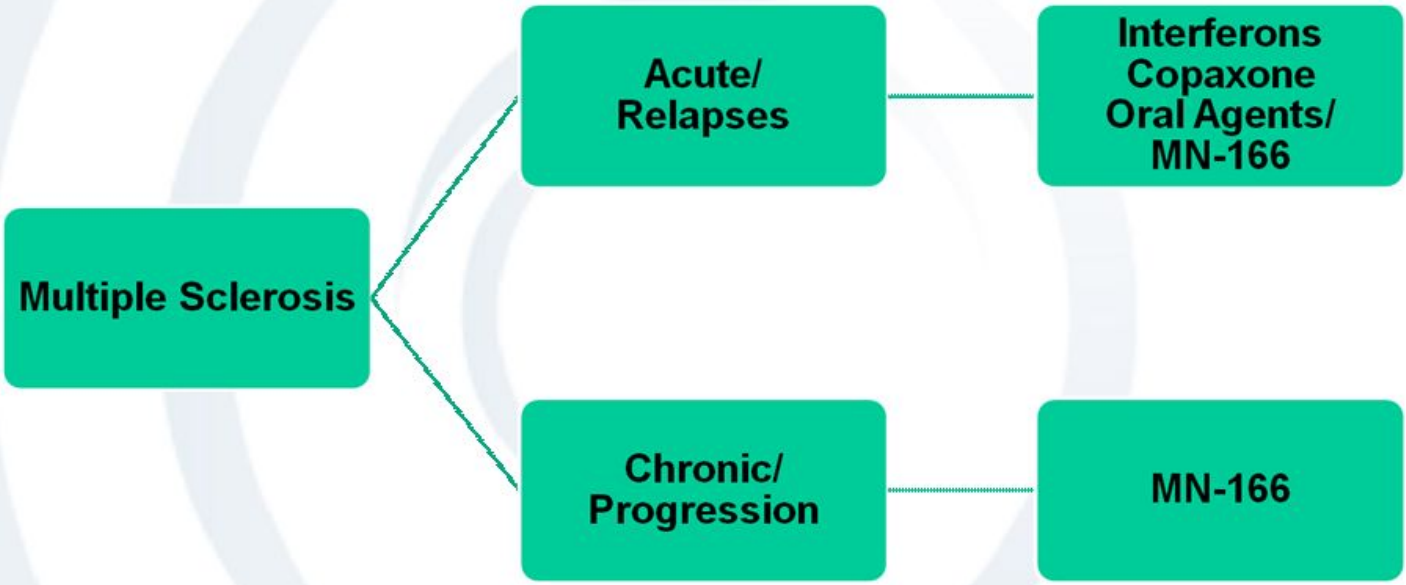
Definition of next generation of MS treatment (abstracted from *Neurology* 68 (S3), 2007)

- Controlling inflammation is no longer sufficient
- Neuroprotection is a very important issue in MS and drugs that may provide neuroprotection are going to be very well received by the Neurology community
- The MRI metric of number of “active” lesions is not the most relevant to long term disability progression
- There are newer MRI metrics (e.g., brain atrophy measures) that will better correlate with neuroprotection and disability progression. By its early (within the first year) demonstrated decrease in brain volume loss, MN-166 may be providing such neuroprotection
- Currently available drugs have minimal effect on disability progression
- “…. A therapeutic approach that modulates inflammation, enhances neuron repair….and prevents neuron degeneration would be the most beneficial to patients over the long term.” Douglas L. Arnold, MD

MN-166

- Orally administered with new controlled-release dosage form in development
- Neuroprotective and Anti-inflammatory in replicated pre-clinical studies
- Safe
  - 17 years of clinical use with over 3 million exposures has not revealed rare, concerning safety issues
  - Toxicology package supporting Japanese registration
  - No safety concerns identified in PhII study

Neuroprotection + Anti-inflammatory

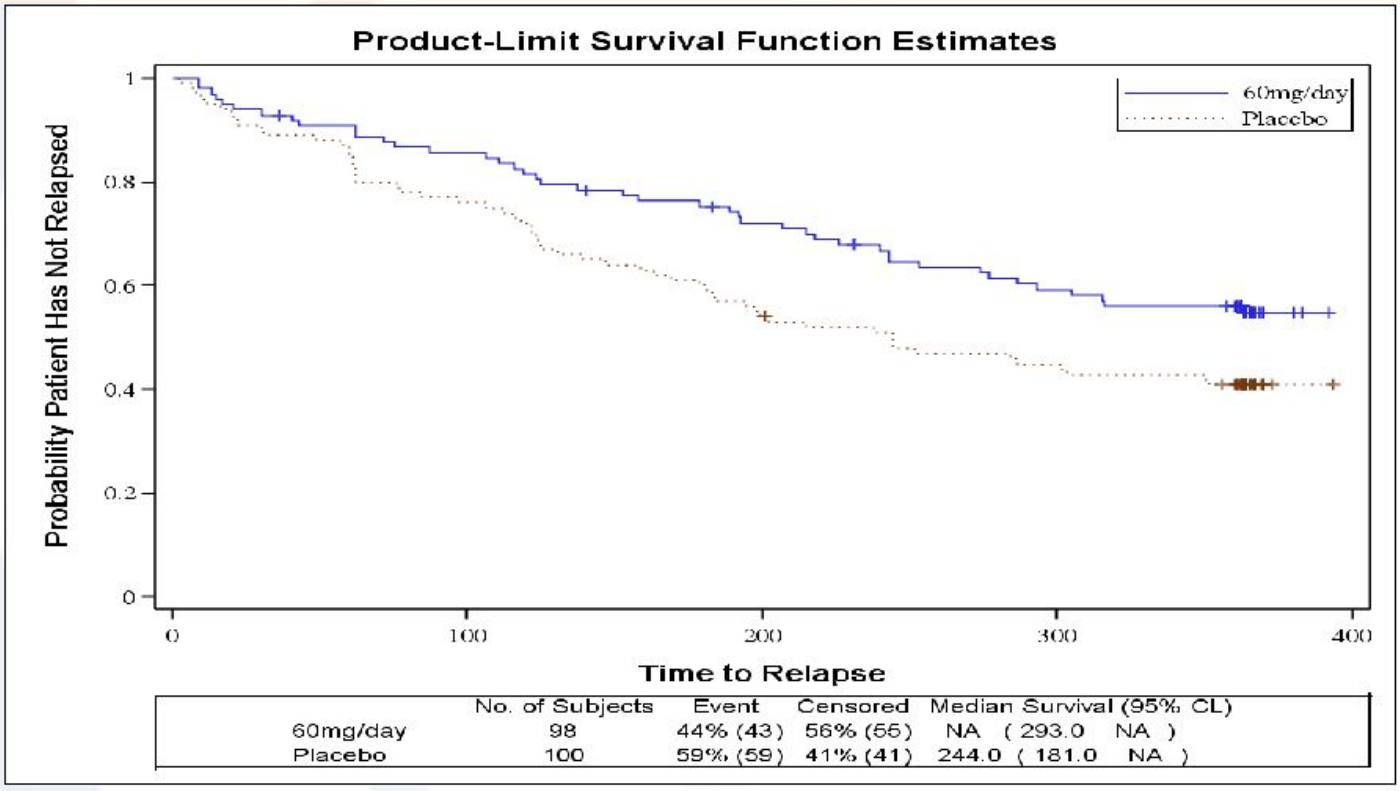


MN-166 may reduce both relapses (via anti-inflammatory effects) and disease progression (via neuroprotection)

MN-166: Clinical Efficacy

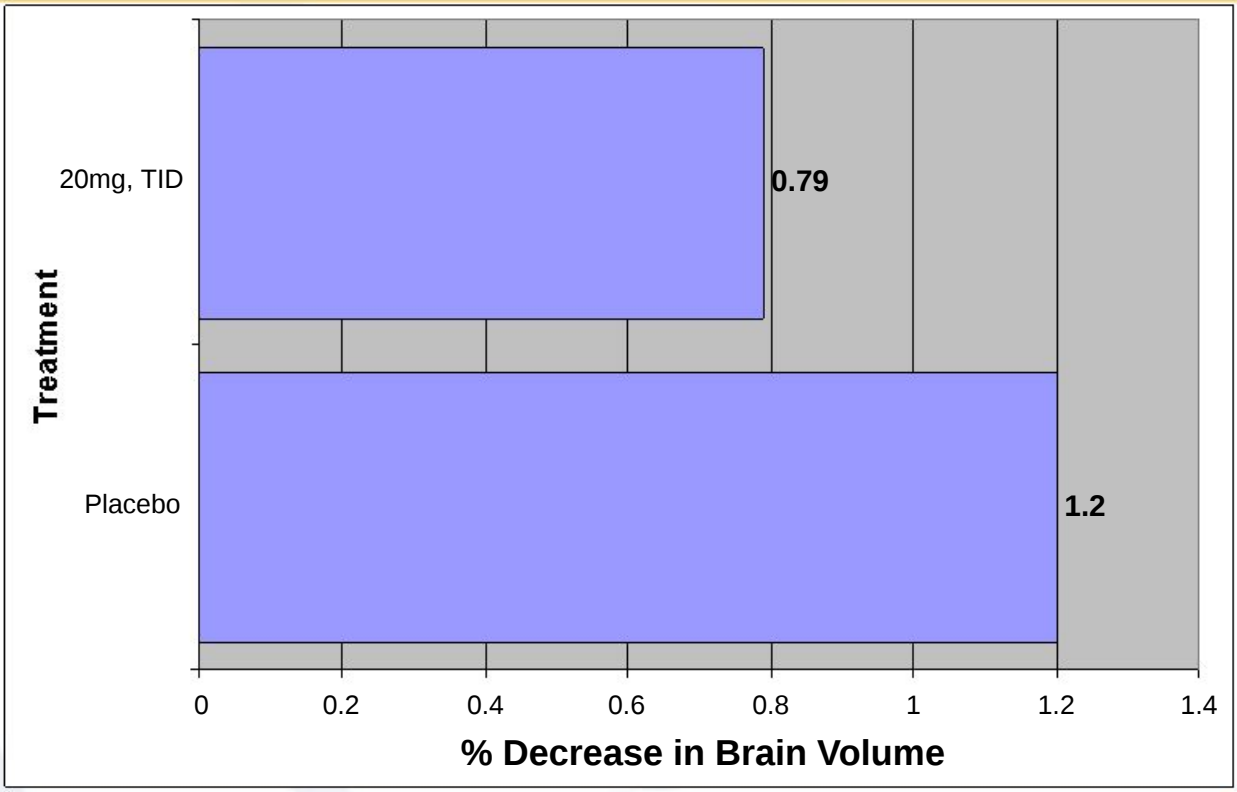
- Demonstrated neuroprotective and anti-inflammatory effects in patients with relapsing MS
- Neuroprotective outcome:
  - Attenuated % brain volume loss (-.8% vs. -1.2%)
- Anti-inflammatory outcomes:
  - Pilot studies found reduced relapse rate and Th1 $\rightarrow$Th2 cytokine shift
  - Prolonged time to relapse (>1 yr)
  - Increased % relapse-free (56%)
  - Decreased T1-Gd lesion volume

Effects on Time to First Relapse



Phase III endpoint for certain FDA-approved MS products

Effects on Brain Volume



Brain volume changes are linked to axonal loss

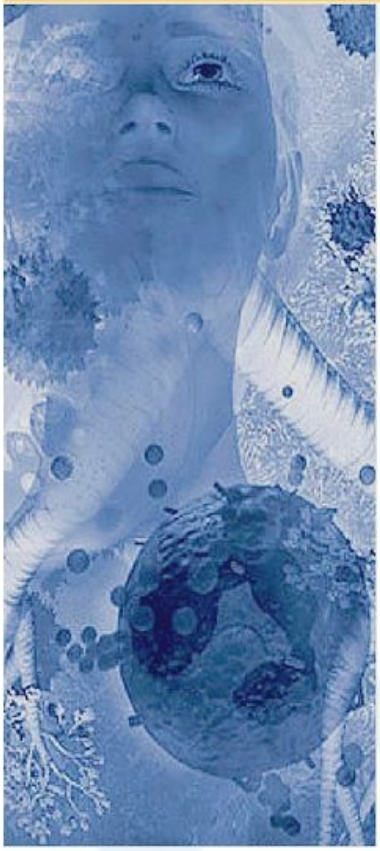
Benefits VS Interferons

Unmet Need	MN-166	Interferon Products
More convenient dosing	Oral	Intravenous or subcutaneous injection *(Injection site pain, swelling and itching)*
Greater efficacy	At least comparable efficacy observed in early trials	Current relapse reduction rate is ~33%
Longer duration of effect	No neutralizing antibodies formed; no loss of effect	Relative benefit gained from existing drugs may decline over time - possibly due to presence of neutralizing antibodies
Halt disease progression	At least comparable early trends in Phase II	Avonex reduced the risk of disease progression by ~37% in patients treated for 2 years compared to placebo
Better safety profile	Only mild, transient GI side effects noted in Phase II	Common side effects include injection site reactions, flu-like symptoms, depression, liver problems and blood abnormalities

Benefits VS Oral Agents

Feature	FTY 720	Cladribine	BG-12	Laquinimod	MN-166
Sponsor	Novartis	MerckSerono	BiogenIdec	Teva	MediciNova
Mechanism	sphingosine-1-receptor agonist	adenosine agonist, immunosuppressant	fumaric acid deriv; NF_kB inhibitor	immuno-modulator	inhibits PDE IV, leukotrienes and NO synthesis; increases neuro-trophic factors
Dose	0.5, 1.25 or 5 mg/day	"low dose" or "high dose"	120,360,720 mg/day	0.3 or 0.6 mg	60+ mg/day
Indication	Relapsing MS	Relapsing MS	Relapsing MS	Relapsing MS	Relapsing MS; delay disability progression?
Efficacy	Decrease MR lesions, no change in brain volume	Reduced relapse rate, fewer MR lesions	Decreased Gd-enhancing lesions at 720 mg	Fewer MR lesions, reduced relapse rate	Less brain volume loss, increase time to relapse
Side effects	↓ heart rate,↑blood pressure, dyspnea	Fever, nausea, vomiting	GI disorder, H/A, nasopharyngitis	↑ liver enzymes, arthralgia	Mild GI disorder

MN-221 (Status Asthmaticus)



Source	Kissei Pharmaceutical (2004)
Mechanism	Highly selective β_2-adrenergic receptor agonist
Advantages	- Clinically-proven MOA - Greater cardiovascular safety - Reliable, rapid route of administration (i.v.)
Clinical Status	- Well tolerated in Phase I - Phase II started 10/06
Milestones	Phase IIa Results – anticipated 07Q4
Commercial Strategy	MNOV to commercialize in U.S.*

*pending FDA approval

MN-221: Status Asthmaticus

Definition:

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

Market Opportunity:

- ~1.9 million emergency room visits in the U.S. each year*
- ~500,000 hospitalizations*
- ~4,000 deaths annually in the U.S.*

Current Standard of Care:

- Beta agonists, inhaled or nebulized (all patients)
- Corticosteroids, IV or oral (66 – 77% of pts)

*source: National Center for Health Statistics/CDC

MN-221: New Treatment Paradigm

- Proven mechanism of action (β_2-adrenergic receptor agonist)
- Rapid, reliable IV delivery (vs. inhaled/nebulized)
- Safer (greater selectivity = fewer cardiovascular side effects)

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
S(-)-Propranolol	0.00127	0.00094	1.35

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

MN-221 selectively binds to human β_2-adrenergic receptors

MN-221 Phase IIa

Phase IIa Proof-of-Concept

- Randomized, double-blind, placebo-controlled, sequential dose-escalation study
- Objectives:
  - Determine the efficacy of a single 15-minute treatment
  - Determine the efficacy of two sequential 15-minute treatments
- 22 mild-to-moderate asthmatics at 4 centers in the U.S.
- Primary endpoint: change from baseline in mean FEV1 after a 15-minute infusion of MN-221
- Initiated December 2006; data anticipated 07Q4

Clear Development Path

- Clinical Plan: Phase IIa results anticipated 07Q4 → Phase IIb results as early as 09Q1 → Phase III (2 trials) results as early as 10Q2
- Modest development costs (~$45M to NDA)
- Well-defined regulatory path
  - Acute dosing = short trials
  - Modest number of patients required for NDA (potentially life-threatening condition)
  - Possible fast-track review
- NDA filing targeted for as early as 10Q4

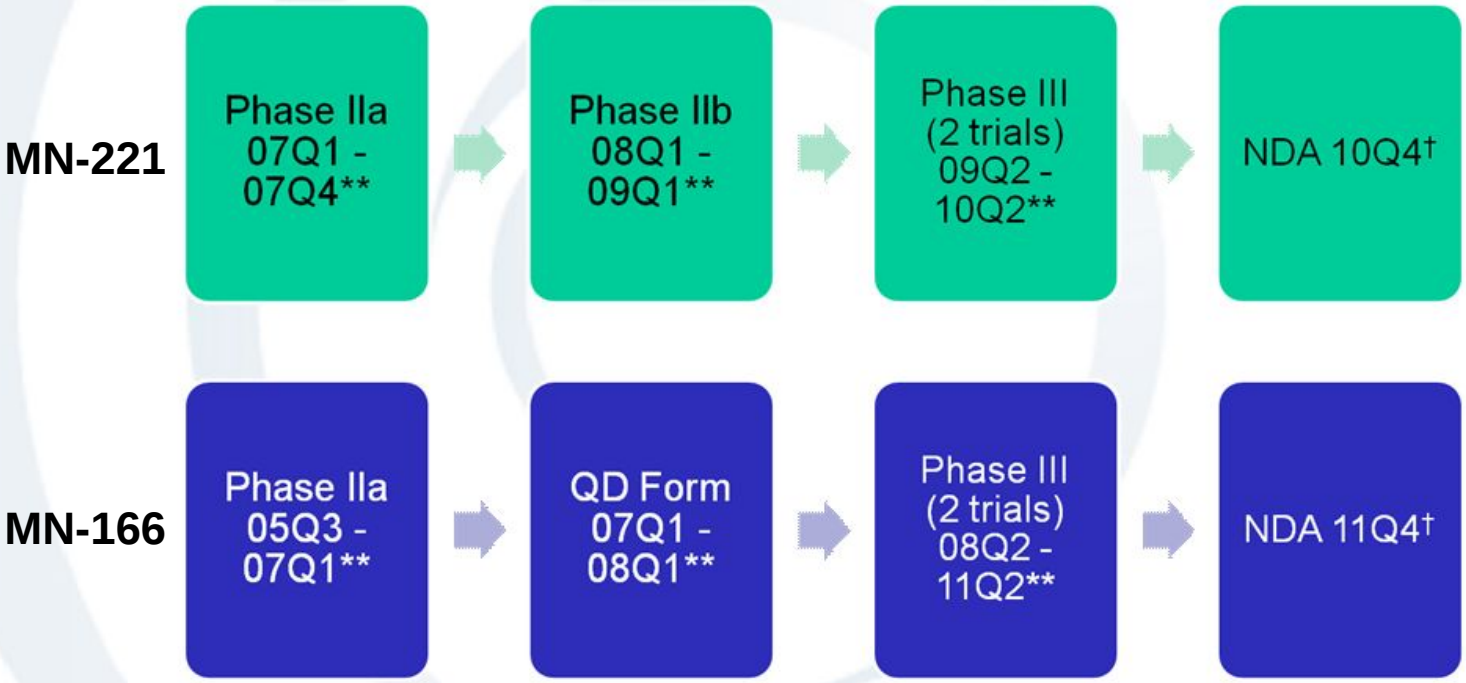
Favorable Commercial Metrics

- Market addressable through focused sales force (50-100 reps)
- Significant market opportunity (~$500M)
- Rapid market penetration (could become new standard of care)
- High payer acceptance (due to potential reduction in hospitalizations)

MN-221 Competitive Advantages

Compound	Dosing	Proven Mechanism	Rapid Action	Reliable Delivery	Safety Issues
β-Agonists	Inhaled; Nebulized	Yes	Yes	No	Cardiovascular (palpitations)
Singulair	IV (Ph III)	No	?	Yes	No
Zyflo	IV (Ph I)	No	?	Yes	Liver Toxicity
MN-221	**IV (Ph II)**	**Yes**	**Yes**	**Yes**	**No**

MEDICINOVA Targeted Path to Commercialization*



*pending FDA approval
**completed as early as
†filing as early as

2007 Milestones

Clinical

- ✓ MN-166 – Positive Phase II (yr 1) results announced 3/07
- MN-305 – Proof-of-concept Phase II results anticipated 07Q3
- MN-221 – Proof-of-concept Phase II results anticipated 07Q4

Scientific

- MN-029 – Positive Phase I DCE-MRI results to be presented at ECCO (Barcelona, September 23-27)
- MN-166 – Positive Phase II results to be presented at ECTRIMS (Prague, October 11-14)

Corporate

- ✓ Prioritization of development pipeline
- Monetization efforts ongoing (out-licensing, etc.)

Financials

- Dual Listing:
  - MNOV (Nasdaq)
  - 4875 (Osaka (Hercules))
- Cash: $98.1M as of 3/31/07
- Sufficient cash through at least 12/31/08
- Shares outstanding: 11.6M
- Market cap as of 7/20/07: ~$100M

Management Team with Global Experience






LEADERSHIP	Years Experience	Life Sciences Background
Yuichi Iwaki, MD, PhD CEO & President	31	Prof. USC, 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	8	KPMG USA (Audit), Arthur Andersen USA
Masatsune Okajima, CMA VP, Head of Japanese Office	15	Daiwa Securities SMBC, Sumitomo Capital Securities, Sumitomo Bank
Lynn Terhorst, MBA VP, Business Planning & Analysis	24	Ligand, General Electric Medical Systems, Hybritech, Molecular Biosystems

Investment Highlights

- IN-LICENSE: Innovative business model
- ADVANCE: Rich mid- to late-stage clinical development pipeline with clear market advantages
- MONETIZE: Near-, mid- and longer-term realization of asset potential
- COMMERCIALIZE: MN-221 and MN-166 targeted for commercialization* by MediciNova
- Near-term milestones as key value drivers

*pending FDA approval