Edgar Filing: MEDICINOVA INC - Form 4

MEDICINO	VA INC											
Form 4												
May 15, 201	7											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									PROVAL			
	Washington, D.C. 20549							OMB Number:	3235-0287			
Check thi if no long							Expires:	January 31,				
subject to	CHANGES IN BENEFICIAL OWN					NERSHIP OF	Estimated a	2005 average				
	Section 16. SECURITIES								burden hours per			
Form 4 or									response	0.5		
Form 5 obligation	1 0						•	e Act of 1934,				
may cont	Section 171			•	•	· ·		1935 or Sectio	n			
See Instru 1(b).	iction	30(h)	of the In	vestment	Company	y Act	of 194	Ю				
1(0).												
(Print or Type F	Responses)											
1. Name and Address of Reporting Person [*] 2. Issuer National Science 1. Name and Address of Reporting Person [*] 2.				Name and	Ticker or 7	Гradin	g	5. Relationship of Reporting Person(s) to				
Kobayashi Y	lutaka		Symbol	C C					Issuer			
			-	MEDICINOVA INC [MNOV]					(Chaolt all and include)			
(Last)	(First) (1	Middle)	3. Date of Earliest Transaction				(Chec	ck all applicable)				
			(Month/Day/Year)					_X_ Director10% Owner				
C/O MEDICINOVA, INC., 4275			05/12/2017					Officer (give title Other (specify				
EXECUTIV	E SQUARE, SU	ITE 650						below)	below)			
(Street)			4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check				
	Filed(Month/Day/Year)					Applicable Line)						
								X Form filed by One Reporting Person Form filed by More than One Reporting				
LA JOLLA,	CA 92037							Person		porting		
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Acq	uired, Disposed of	f, or Beneficial	ly Owned		
1.Title of	2. Transaction Date	e 2A. Deer	med	3.	4. Securit	ies Ac	quired	5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year)	Executio	n Date, if	Transaction(A) or Disposed of (D)				Securities	Form: Direct			
(Instr. 3)		any (Month/	Day/Year)	Code (Instr. 3, 4 and 5) (Instr. 8)			5)	Beneficially	(D) or Indirect (I)	Beneficial Ownership (Instr. 4)		
		(Monun)	Day/rear)					Owned Following	(Instr. 4)			
						(A)		Reported	()	(
						(A) or		Transaction(s)				
				Code V	Amount	(D)	Price	(Instr. 3 and 4)				
Common							\$					
Stock	05/12/2017			Р	24,000	А	5.62	24,000	Ι	By Spouse		
							(1)					
Common								81,800	D			
Stock								01,000	U			

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address		Relationships						
	Director	10% Owner	Officer	Other				
Kobayashi Yutaka C/O MEDICINOVA, INC. 4275 EXECUTIVE SQUARE, SUITE 650 LA JOLLA, CA 92037	X							
Signatures								
/s/ Yuichi Iwaki, attorney - 05 in- fact	5/15/2017							
**Signature of Reporting Person	Date							

Explanation of Responses:

- * 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).

The reported shares were purchased with Japanese Yes in multiple transactions. The purchase price reported in Column 4 is an average price reflected in US Dollars, based on the applicable currency exchange rate in effect on the date of purchase, rounded to the nearest

 price reflected in OS Donas, based on the appreade currency exchange rate in effect on the date of purchase, rounded to the nearest whole cent. The reporting person undertakes to provide to MediciNova, Inc., any security holder of MediciNova, Inc., or the staff of the Securities and Exchanges Commission, upon request, full information regarding the number of shares purchased at each separate price.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.