Reyes Carla Form 3 June 05, 2018

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION							ON	OMB APPROVAL			
	Washington, D.C. 20549							OMB Number:	3235-	0104	
INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF							I	Expires:	Janua	-	
SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940								l t 34, r	Estimated average burden hours per response 0.5		
(Print or Type F	(esponses)										
Person * Sta			Statement (Month/Day/Year)		3. Issuer Name and Ticker or Trading Symbol MEDICINOVA INC [MNOV]						
(Last)	(First)	(Middle)	06/01/2018					Amendment, Date Original d(Month/Day/Year)			
C/O MEDICINOVA, INC., 4275 EXECUTIVE SQUARE, SUITE 300						all applicable))	,	·		
	(give title below) (specify below) Fili			Filing(C	dividual or Joint/Group g(Check Applicable Line) Form filed by One Reporting						
LA JOLLA,	CA 92	2037					-	Person	n filed by Mor	-	-
(City)	(State)	(Zip)	Tab	le I - N	lon-Derivat	ive Securit	ies Ben	eficial	ly Owned		
J		eficially	f Securities Owned	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)						
Reminder: Repowned directly	•		ach class of securities	benefici	ally S	EC 1473 (7-02	2)				
	inforr requi	mation cont red to respo	pond to the collec ained in this form ond unless the forr MB control numbe	are not n displa							
Т	able II - De	rivative Secu	rities Beneficially O	wned (e.	g., puts, calls,	warrants, op	tions, co	nvertib	le securities)	
1. Title of Deri (Instr. 4)	vative Secur	Expi	ate Exercisable and iration Date h/Day/Year)	Securiti	and Amount of es Underlying ive Security	4. Conversi or Exerci		nership m of	6. Nature Beneficia (Instr. 5)		

Shares	or Indirect
	(I)
	(Instr. 5)

Reporting Owners

Reporting Owner Name / Address	Relationships				
	Director	10% Owner	Officer	Other	
Reyes Carla C/O MEDICINOVA, INC. 4275 EXECUTIVE SQUARE, SUITE 300 LA JOLLA, CA 92037	Â	Â	Chief Financial Officer	Â	
Signatures					

/s/ Carla Reyes	06/05/2018
<u>**</u> Signature of Reporting Person	Date

Explanation of Responses:

No securities are beneficially owned

- * If the form is filed by more than one reporting person, *see* Instruction 5(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).

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Remarks:

Exhibit List: Exhibit 24 - Power of Attorney

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.