

MEDICINOVA INC
 Form 3
 October 17, 2013

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0104
 Expires: January 31, 2005
 Estimated average burden hours per response... 0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF 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

(Print or Type Responses)

1. Name and Address of Reporting Person * Ô O'Brien Geoffrey (Last) (First) (Middle) C/O MEDICINOVA, INC., Ô 4275 EXECUTIVE SQUARE, SUITE 650 (Street) LA JOLLA, Ô CA Ô 92037 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 10/15/2013	3. Issuer Name and Ticker or Trading Symbol MEDICINOVA INC [MNOV]	4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below) Vice President	5. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person
--	--	--	--	--	---

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	5,000	D	Ô

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

SEC 1473 (7-02)

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 control number.

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative	5. Ownership Form of Derivative Security:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
---	---	--	---	---	--

Edgar Filing: MEDICINOVA INC - Form 3

	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)	
Warrant (right to buy)	03/29/2011	03/29/2016	Common Stock	5,000	\$ 3.56	D	Â
Employee Stock Option (right to buy)	Â <u>(1)</u>	07/06/2019	Common Stock	25,000	\$ 4.8	D	Â
Employee Stock Option (right to buy)	Â <u>(2)</u>	01/28/2020	Common Stock	11,900	\$ 7.34	D	Â
Employee Stock Option (right to buy)	Â <u>(3)</u>	07/12/2021	Common Stock	32,000	\$ 2.54	D	Â
Employee Stock Option (right to buy)	06/14/2012	08/02/2021	Common Stock	26,250	\$ 2.46	D	Â
Employee Stock Option (right to buy)	Â <u>(4)</u>	05/12/2023	Common Stock	22,500	\$ 4.1	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
OBrien Geoffrey C/O MEDICINOVA, INC. 4275 EXECUTIVE SQUARE, SUITE 650 LA JOLLA, CA 92037	Â	Â	Â Vice President	Â

Signatures

/s/ Geoffrey O'Brien
 10/17/2013
 **Signature of Reporting Person Date

Explanation of Responses:

- * 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).
- (1) The option vested over a period of 4 years in equal monthly installments from the 7-7-09 date of grant and is now fully vested.
- (2) The option vests over a period of 4 years in equal monthly installments from the 1-29-10 date of grant.
- (3) The option vests over a period of 4 years in equal monthly installments from the 7-13-11 date of grant.
- (4) The option vests over a period of 4 years in equal monthly installments from the 5-13-13 date of grant.

Â
Remarks:
 Exhibit List: Â 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.