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MEDICINOVA	INC									
Form 4										
December 05, 2	.014									
FORM 4	4		GEGU			CHANCE			PPROVAL	
	UNITED	STATES		shington			COMMISSION	OMB Number:	3235-0287	
Check this be if no longer subject to Section 16. Form 4 or Form 5 obligations may continue	STATEN Filed pur e. Section 17(STATEMENT OF CHANGES IN 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							January 31, 2005 average urs per . 0.5	
See Instruction 1(b).	on	20(11)	51 UIC II		. compu	i <i>j</i> 1 i ct of 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
(Print or Type Resp 1. Name and Addr		Person *	2 Issue	er Name an	1 Ticker or	Trading	5. Relationship o	f Reporting Per	rson(s) to	
Matsuda Kazuł		Symbol	CINOVA		-	Issuer				
(Last)	(First) (3. Date of Earliest Transaction				(Check all applicable)			
C/O MEDICIN EXECUTIVE S	IOVA, INC., 4	4275		Day/Year)	Tansaction		Director X_ Officer (giv below) Chies		% Owner her (specify ter	
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)			 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 				
LA JOLLA, CA	A 92037						Form filed by Person	More than One R	eporting	
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	Securities A	cquired, Disposed o	of, or Beneficia	lly Owned	
	Fransaction Date onth/Day/Year)		Date, if	3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3, 4	(A) or of (D)	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Reminder: Report	on a senarate line	for each cla	ss of sec	urities bene	ficially ow	ned directly	or indirectly			
Kenninger. Kepoli (on a separate fille		55 OF SEC	unities belle	Perso inforn requir	ns who res nation cont ed to respo bys a curre	spond to the collect ained in this form and unless the for ntly valid OMB con	are not m	SEC 1474 (9-02)	

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)] (Acquired (A Disposed of (Instr. 3, 4, 5)	f (D)				
				Code V	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amoun Numbe Shares
Employee Stock option (right to buy)	\$ 2.64	12/04/2014		А		105,000		12/04/2014	12/11/2023	Common Stock	105,0
Employee Stock option (right to buy)	\$ 3.24	12/04/2014		А		120,000		(2)	12/03/2024	Common Stock	120,0

Reporting Owners

Reporting Owner Name / Address		Relationships					
	reporting of the Linne (Linne (10% Owner	Officer	Other		
Matsuda Kazuko C/O MEDICINOVA, INC. 4275 EXECUTIVE SQUARE, SUITE 650 LA JOLLA, CA 92037				Chief Medical Officer			
Signatures							
/s/ Kazuko 1 Matsuda 1	2/05/2014						

<u>**</u>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).

On December 12, 2013, the reporting person was granted an option to purchase 105,000 shares of common stock. The option vests based
 (1) on MNOV's satisfaction of certain performance criteria by December 31, 2014. The performance criteria has been met, resulting in full vesting of the option.

(2) The option vests over a period of 3 years in equal monthly installments from the 12-04-2014 date of grant.

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.