MEDICINOVA INC

Form 4/A January 19, 2016

FORM 4

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

Check this box if no longer

subject to Section 16. Form 4 or

Form 5 obligations may continue. See Instruction

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

(Print or Type Responses)

1(b).

1. Name and Address of Reporting Person * Okajima Masatsune

(Last) (First) (Middle)

C/O MEDICINOVA, INC., 4275

EXECUTIVE SQUARE, SUITE 650

(Street)

(Zip)

Filed(Month/Day/Year)

01/11/2016

2. Issuer Name and Ticker or Trading

Symbol

MEDICINOVA INC [MNOV]

3. Date of Earliest Transaction (Month/Day/Year)

01/07/2016

4. If Amendment, Date Original

OMB APPROVAL

OMB Number:

3235-0287

Expires:

January 31, 2005

Estimated average burden hours per

response...

0.5

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

Director 10% Owner X_ Officer (give title Other (specify

VP and Head of Japanese Office

6. Individual or Joint/Group Filing(Check Applicable Line)

X Form filed by One Reporting Person Form filed by More than One Reporting

Person

5. Amount of

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

below)

LA JOLLA, CA 92037

(City)

Security

(Instr. 3)

1. Title of 2. Transaction Date 2A. Deemed

(Month/Day/Year)

(State)

Execution Date, if (Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code (Instr. 8)

Disposed of (D) (Instr. 3, 4 and 5)

Securities Beneficially Owned (A)

Following Reported Transaction(s) (Instr. 3 and 4) Code V Amount (D) Price

6. Ownership Form: Direct (T) (Instr. 4)

Indirect (D) or Indirect Beneficial Ownership (Instr. 4)

7. Nature of

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

Conversion or Exercise

(Month/Day/Year)

3. Transaction Date 3A. Deemed Execution Date, if any

4. 5. Number of **Transaction**Derivative Code Securities

6. Date Exercisable and **Expiration Date** (Month/Day/Year)

7. Title and Amount Underlying Securities (Instr. 3 and 4)

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(Ins	tr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8	8)	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)					
					Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amoun Numbe Shares
Sto Op	tion ght to	\$ 3.09	01/07/2016		A		105,000		01/07/2016	01/06/2025	Common Stock	105,0
Sto Op:	tion ght to	\$ 3.91 (2)	01/07/2016		A		30,000		(3)	01/06/2026	Common Stock	30,00

Reporting Owners

Reporting Owner Name / Address	Relationships							
reporting of have runner, runner	Director	10% Owner	Officer	Other				
Okajima Masatsune C/O MEDICINOVA, INC. 4275 EXECUTIVE SQUARE, SUITE 650 LA JOLLA, CA 92037			VP and Head of Japanese Office					

Signatures

/s/ Yuichi Iwaki, attorney-in-fact 01/19/2016

**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 January 7, 2015, the reporting person was granted an option to purchase 105,000 shares of common stock. The option vests based on (1) MNOV's satisfaction of certain performance criteria by December 31, 2015. The Performance criteria have been met, resulting in full vesting of the option.
- (2) This report is being amended to correct the exercise price of the option based on the closing price of the common stock on the grant date as reported by NASDAQ.
- (3) The option vests over a period of 3 years in equal monthly installments from the 01-07-2016 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.

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