## FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

## ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPR	OVAL							
OMB Number:	3235-0362							
Estimated average burden								
hours per response:	1.0							

Form 3 Holdings Reported.

X Form 4	Transactions F	eported.	File	ed pursuant to or Section					ities Excha ompany Ac									
Name and Address of Reporting Person*     Barton Courtney				2. Issuer Name <b>and</b> Ticker or Trading Symbol MANNKIND CORP [ MNKD ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) below) Chief Compliance Officer							
(Last) (First) (Middle) 30930 RUSSELL RANCH ROAD					3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2017					Year)								
(Street)  WESTLAKE VILLAGE  (City)  (State)  4. If Amendment, Date of Original Filed (Month/Day/Year)  (City)  (State)									, I	Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person								
	`		e I - Non-Deriv	ative Sec	uritie	es Ac	quire	ed, Di	sposed	of, or	Benefic	ially (	Owne	ed				
Date (Month/Day/Year)				Execution Date, if any		3. Transaction Code (Instr. 3, 4 and 8)		ired (A) or Dispos		sed 5. Amou Securiti Benefici Owned		es ally		ership n: Direct	7. Nature of Indirect Beneficial Ownership			
				(Monumbay/rear)				Amou	nt	(A) or (D) Price		Issuer's		s Fiscal inc		rect (I) r. 4)	(Instr. 4)	
Common Stock, \$.01 Par Value 12/31/2017				P		4	2,000		A	\$1.2		2,000		D				
		Та	ble II - Derivat (e.g., pı	ive Secur uts, calls,									vned					
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. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		Deriv Secu (Inst		tive derivative ty Securities		10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership (Instr. 4)		
					(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Amount or Number of Shares							

Explanation of Responses:

Remarks:

/s/ Courtney Barton

02/14/2018

\*\* Signature of Reporting Person

Date

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

- \* 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.