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

	Washington,	D.C.	20549

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

	OMB APPROVAL							
	OMB Number:	3235-0362						
	Estimated average b	urden						
-1	hours por rosponso:	1.0						

Form 3 Holdings Reported.

Eiled purcuant to Section 16(a) of the Securities Eychange Act of 1034

X Form 4	Transactions	Reported.	F	iled pursuant or Secti					rities Excha ompany Ad			34					
1. Name and Address of Reporting Person* NORDHOFF HENRY L					2. Issuer Name and Ticker or Trading Symbol MANNKIND CORP [MNKD]					(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(Last) 25134 R	(F YE CANY)	First)	(Middle)		3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2016						Officer (give title Other below) below)						
(Street) VALENC (City)	CIA C	A State)	91355 (Zip)	_					d (Month/E	,	,	Line	Form f Form f Persor	iled by O iled by M	ne Repo	(Check A orting Pers	on
Tabl 1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date,		3. te, Transaction Code (Instr.		4. Securities Acquired (A) or Dispose (D) (Instr. 3, 4 and 5)					ed Of Securities Beneficially		6. Ownership Form: Direct (D) or		Indirect Beneficial	
								Amount (A) or (D)		Price	9	Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)		Indirect (I) (Instr. 4)		Ownership (Instr. 4)	
Common Stock, \$.01 Par Value 05/19/2016					A4		39,	39,200 ⁽¹⁾		\$0.00		142,626		D			
Common Stock, \$0.01 Par Value 05/19/2016				A4		4	65,217(2)		A	\$0.00		207,843		D			
Common	Stock, \$0.0	01 Par Value	05/19/2016			A	.4	9,7	783 ⁽³⁾	A	1	0.00	217,0	526	I)	
			Table II - Deriv (e.g.,	ative Sec puts, call									Owned				
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)	of Ex		Expira	Date Exercisable and piration Date onth/Day/Year)		Amo Secu Undo Deriv	7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownersh Form: Direct (D or Indirec (I) (Instr.	Beneficia Ownershi t (Instr. 4)
					(A)		Date Exerci	isable	Expiration Date	n Title		Amount or Number of Shares					
Employee Stock	\$0.91	05/19/2016		4A	78,400		06/19/	19/2016 ⁽⁴⁾ 05/19/2026			nmon ock	78,400	\$0.00	78,400		D	

Explanation of Responses:

- 1. Restricted Stock Units with 3-year vesting period; 1/36th vesting every month, being fully vested on the third anniversary of the grant date.
- 2. Annual retainer received in equity in lieu of cash. Restricted Stock Units shall vest on the earlier of retirement, removal from board, death or five years from grant date.

3. Annual retainer received in equity in lieu of cash. Restricted Stock Units shall vest on the earlier of retirement or removal from board, provided that such retirement or removal occurs more than one year after grant date; death; or five years from grant date.

4. Annual equity award vesting in 36 equal monthly installments commencing one month from date of grant, being fully vested on the third anniversary of grant date.

Remarks:

Option

/s/ Henry L. Nordhoff

02/01/2017

** 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.