FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours per response:	0.5								
	OMB Number: Estimated average burde								

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* <u>Kocinsky Joseph</u>				2. Issuer Name and Ticker or Trading Symbol MANNKIND CORP [MNKD]						(Ch	telationship o eck all applic Directo	10% Ow	wner			
(Last) 30930 RI SUITE 3	USSELL R	First)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 05/16/2018						X Officer (give title below) Other (specify below) Corp VP, CTO					
(Street) WESTLA	E C		91362	4.	4. If Amendment, Date of Original Filed (Month/Day/Year)					Line	Individual or Joint/Group Filing (Check Applicable le) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(3	•	(Zip) ole I - Non-D) Derivativ	, So	curities	Λ.	guired Di	enoced o	f or Re	neficiall	v Owned				
1. Title of Security (Instr. 3) 2. Title of Security (Instr. 3)			Transaction ate Ionth/Day/Y	Execution Date, if any (Month/Day/Year) Execution Date, if any (Month/Day/Year) Transaction Code (Instr. 8) Disposed Of (D) (Instr. 3, 7 5)		ed (A) or str. 3, 4 and	5. Amour Securitie Beneficia Owned F Reported Transacti (Instr. 3 a	ies Form cially (D) o Following (I) (Ir ed ction(s)		Direct Ir Indirect B tr. 4)	. Nature of ndirect eneficial bwnership nstr. 4)					
			Table II - De (e.	erivative g., puts	Seci , call	urities <i>I</i> s, warra	Acqı ants	uired, Dis _l , options,	oosed of, convertik	or Ben de seci	eficially urities)	Owned				
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution Date Security or Exercise (Month/Day/Year) if any		Code (Transaction Code (Instr. 8) Secu Acqu or Diof (D		Aumber of ivative Expiration Date (Month/Day/Year) (Month/Day/Year) Disposed D) (Instr. and 5)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)			
Employee Stock Option (right to buy)	\$1.91	05/16/2018		A ⁽¹⁾		214,000		05/16/2019	05/16/2028	Stock Options	214,000	\$1.91	214,000)	D	

Explanation of Responses:

1. 25% vesting on the anniversary of the vesting determination date and 1/48th per month thereafter; being fully vested on the fourth anniversary of the vesting determination date.

Remarks:

/s/ Joseph Kocinsky

05/17/2018

** 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.