### FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Nashington,	D.C.	20549	

## ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

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

Form 3 Holdings Reported.

obligations may continue. See Instruction 1(b).

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

X Form 4	Transactions	Reported.		or Secti					ompany Act								
Name and Address of Reporting Person*     Shannon James Samuel					2. Issuer Name <b>and</b> Ticker or Trading Symbol  MANNKIND CORP [ MNKD ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
-				3 Staten	2. Statement for Jacuaria Figual Veer Ended (Manth Den Mees)						2	X Director 10% Owner Officer (give title Other (spec					
(Last) (First) (Middle)					3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2016						below) below)						
25134 RYE CANYON LOOP				4. If Ame	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable						
(Street) VALENCIA CA 91355											X Form filed by One Reporting Person Form filed by More than One Reporting						
(City)	(S	tate)	(Zip)										Person	Person			
		Tab	le I - Non-Deri	vative Se	curiti	es A	cquir	ed, Di	sposed o	f, or l	Benefic	iall	y Owned				
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)			Code (Instr.						Securities Beneficially		y	6. Ownershi Form: Direct (D) or		Indirect Beneficial	
			(Month/Day	(Month/Day/Year)		8)		ıt (	A) or D)	or Price		Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)		Indirect (I) (Instr. 4)		Ownership (Instr. 4)	
Common	Common Stock, \$.01 Par Value 05/19/2		05/19/2016			A4		39,	200(1)	Α	\$0.00		51,000		D		
Common	Stock, \$0.0	1 Par Value	05/19/2016			A	14	62,	500(2)	A	\$0.0	.00 113,500 D		)			
Common	nmon Stock, \$0.01 Par Value 05/19/2016				A		14	9,3	375 <sup>(3)</sup>	Α	\$0.0	0	122,875		D		
		-	Γable 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)	5. Num of Deriva Securi Acquir (A) or Dispos of (D) 3, 4 an	tive ties red sed (Instr.	Expira	pate Exercisable and irration Date Securities Underlying Derivative Sec (Instr. 3 and 4)		unt of rities rlying ative Secu . 3 and 4)	urity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ve ies ially ng ed ction(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership t (Instr. 4)	
					(A)	(D)	Date Exerc	cisable	Expiration Date	Title	or Num of Sha	nber					

#### **Explanation of Responses:**

\$0.91

- 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.

(A)

78,400

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.

06/19/2016(4)

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:

Employee Stock

Option

/s/ James S. Shannon

Common

Stock

05/19/2026

02/01/2017

78,400

D

\*\* Signature of Reporting Person

Date

\$0.00

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).

05/19/2016

\*\* 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.