FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL								
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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*  McCauley Patrick  Cauley Patrick  2. Date of Event Requiring Staten (Month/Day/Year 07/25/2017		nent	3. Issuer Name <b>and</b> Ticker or Trading Symbol  MANNKIND CORP [ MNKD ]								
(Last) 30930 RUSSE	(First) LL RANCH I	(Middle)			Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director 10% Owner			er	5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Street) WESTLAKE VILLAGE (City)	CA (State)	91362 (Zip)			X	Officer (give title below)  Chief Commercial	Other (spe below) Officer	´	6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person		
Table I - Non-Derivative Securities Beneficially Owned											
				2. Amount of Securities Beneficially Owned (Instr. 4)				4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4) 2. Date Exerci Expiration Date (Month/Day/Ye		ate		3. Title and Amount of Securities Underlying Derivative Security (I		4. Convers	rcise Form:		6. Nature of Indirect Beneficial Ownership (Instr. 5)		
			Date Exercisable	Expiratio Date	n Title		Amount or Number of Shares	Price of Derivativ Security	ve c	or Indirect (I) (Instr. 5)	

Explanation of Responses:

## Remarks:

No securities are beneficially owned.

/s/ Patrick McCauley 07/25/2017

\*\* Signature of Reporting Person Date

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

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).