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

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		Wa	as	hin	gto	n,	D.	C.	20549)

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

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

Form 3 Holdings Reported.

Form 4 Transactions Reported

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

	nd Address of		2. Issuer Name and Ticker or Trading Symbol						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)										
CONSIGLIO RONALD J					MANNKIND CORP [MNKD]							Ι,	C Directo	,		10% O	wner		
(Last) 25134 R	(F YE CANY(3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2016						Officer (give title Other (speci below) below)										
(Ctroot)			_ 4. If Ame	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)								
(Street) VALENCE	CIA C	A	91355)	X Form filed by One Reporting Person						
-	-	Form filed by More than One Reporting Person								rting									
(City)	(S	tate)																	
		Tak	ole I - Non-Deri	vative Se	curiti	es Ac	quir	ed, Di	sposed	of, oı	Benef	iciall	y Owned						
Date E (Month/Day/Year) i			Execution I	Execution Date, if any		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Dispose (D) (Instr. 3, 4 and 5)			sed Of	ed Of 5. Amount Securities Beneficiall Owned at 0		Form: D ly (D) or		Nature of lirect neficial nership			
				(WOITHIDAY	rical)	0)		Amoun	t	(A) or (D)	Price		Issuer's Fi Year (Instr. 4)	scal	(Instr. 4		str. 4)		
Common	Stock, \$.01	l Par Value	05/19/2016		A4		39,200(1)		A	\$0.00		157,196		D					
Common Stock, \$0.01 Par Value 05/19/2016					A4		86,957(2)		A	\$0.00		244,153		D					
Common Stock, \$0.01 Par Value 05/19/2016					A4		13,043 ⁽³⁾		A	\$0.00		257,196		D					
			Table II - Deriv (e.g.,	ative Seci puts, call									Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	n Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) (Month/Day/Year) Expiration Date (Month/Day/Year) E						8. Price of Derivative Security (Instr. 5)			10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownershi (Instr. 4)							
		[П				\top	Ar	nount							

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

(D)

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.

Exercisable

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 the grant date.

Remarks:

Employee Stock

Option

/s/ Ronald J. Consiglio

02/01/2017

78,400

D

** Signature of Reporting Person

or Number

Shares

78,400

\$0.00

Expiration

05/19/2026

Title

Stock

Date

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).

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.