FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APP | ROVAL |
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| OMB Number: | 3235-028 |

Estimated average burden hours per response: 0.5

| Check this box if no longer subject to | |
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| 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* Palumbo Diane | | | | | | | | | er or Tradi | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| | | | | | | MANNKIND CORP [MNKD] | | | | | | | | | | or | | 10% O | · |
| (1 +) | (F | :4\ | . Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | Officer below) | ficer (give title low) | | Other (s | specify | | | |
| (Last) (First) (Middle) 28903 NORTH AVENUE PAINE | | | | | | | 2013 | | | | ., | | Vice President, Human Resource | | | | | | |
| 20903 IN | OKIH AVI | ENUE PAINE | | | | | | | | | | | | | | | | | |
| (Street) | | | ⁻ 4. I1 | f Ame | endment, D | Date of | f Original F | iled | (Month/Da | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | | |
| VALEN | CIA C | A | 91355 | | | | | | | | | | | X | Form f | iled by One | e Repo | orting Perso | n |
| | | | | | | | | | | | | | re thar | n One Repo | rting | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | Persor | 1 | | | |
| | | Tab | le I - Noi | n-Deriv | /ative | Se | curities | Acq | uired, [| Disp | osed o | f, or Be | eneficia | lly C | Owned | ı | | | |
| Date | | | | 2. Trans Date (Month) | | ar) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Disposed (Instr. 5) | | 4. Securit Disposed 5) | | | 4 and Securiti Benefic Owned | | es ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | Code | v | Amount | (A) or (D) Price | | Reported Transact (Instr. 3 a | | tion(s) | | | (Instr. 4) |
| Common Stock, \$.01 Par Value 0 | | | | | 2/2013 | /2013 | | A ⁽¹⁾ | | 9,000 |) A \$ | | 00 | 112,756 | | | D | | |
| | | 7 | able II - | | | | | | | | sed of, onvertib | | | y Ov | wned | | , | · | |
| Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | ed Date, | 4. Transaction Code (Instr. 8) | | 5. Number n of | | 6. Date Exercisa Expiration Date (Month/Day/Yea | | able and | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | e s ally g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisab | | Expiration Date | Title | Amount or Number of Shares | | | | | | |
| Employee Stock Option (right to buy) | \$5.89 | 08/22/2013 | | | A ⁽²⁾ | | 50,000 | | 08/22/201 | 4 (| 08/21/2023 | Stock Options | 50,000 | \$ | \$5.89 | 50,000 |) | D | |

Explanation of Responses:

- 1. Acquired pursuant to a Restricted Stock Unit Award: 25% vest on each year anniversary of the vesting determination date and 25% each anniversary thereafter; shares shall fully vest on the fourth year anniversary of the vesting determination date
- 2. 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/ Diane Palumbo

08/29/2013

** Signature of Reporting Person

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.