FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

ı	OIVID APPROVAL								
	OMB Number:	3235-0287							
	Estimated average burden								
l	hours per response:	0.5							

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>Friedman Michael A</u>						2. Issuer Name and Ticker or Trading Symbol MANNKIND CORP [MNKD]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
														X	Directo	•		10% Ov	vner	
(Last) (First) (Middle) 28903 NORTH AVENUE PAINE						3. Date of Earliest Transaction (Month/Day/Year) 08/13/2008									Officer below)	(give title	Other (specification)		specify	
						If Ame	andment I	Data o	f Original F	Liled	(Month/Day	//Voor)		6 Indiv	vidual or 1	nint/Group	Eiling	(Check An	nlicable	
(Street)							4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)					
VALENCIA CA 91355												X	Form filed by One Reporting Person							
				_										Form filed by More than One Reporting Person						
(City) (State) (Zip)															1 013011					
		Tal	ble I - No	n-Deri	vativ	e Se	curitie	s Ac	quired,	Dis	posed o	f, or Be	nefic	ially	Owned					
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						Execution Date,			3. 4. Securiti Transaction Code (Instr. 8)		es Acquii Of (D) (In	ed (A) c str. 3, 4	or and 5)	5. Amou Securitie Beneficia Owned F	s ally ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount (A		or Pri	ice	Reported Transact (Instr. 3 a	tion(s)			(Instr. 4)	
Common Stock, \$.01 Par Value 08/13/							2008		A		10,000	(1) A	\$0.00		10,000			D		
			Table II -								osed of, onvertib				wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date,	Code (Ins				6. Date Exercisa Expiration Date (Month/Day/Yea			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		[8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e (C s F Ally C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)		Date Exercisable		Expiration Date	Title	Amo or Num of Shar	ber						
Employee Stock Option (right to	\$3.89	08/13/2008			A		22,000		08/13/2009	(2)	08/13/2018	Common Stock	22,0	000	\$3.89	22,000	0	D		

Explanation of Responses:

- 1. 3-year vesting period; 1/3 vesting every year, being fully vested 08/13/2011.
- $2.\ 3-year\ vesting\ period;\ 1/36th\ vesting\ every\ month,\ being\ fully\ vested\ 08/13/2011.$

Remarks:

/s/ Michael Friedman

08/15/2008

** 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.