FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washin

Washington, D.C. 20549	OMB APPROVAL		
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-02	

- 1										
	OMB Number:	3235-0287								
	Estimated average burden									
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## 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*  Murren Heather Hay					2. Issuer Name <b>and</b> Ticker or Trading Symbol  MANNKIND CORP [ MNKD ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
													Directo	r		10% Ow	ner		
(Last) (First) (Middle) 28903 NORTH AVENUE PAINE					3. Date of Earliest Transaction (Month/Day/Year) 05/24/2007								Officer below)	(give title		Other (s below)	pecify		
20505 NORTH AVENUE PAINE					4 1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street) VALENCIA CA 91355			,		4. II Amendinent, Date of Original Filed (Month/Day/Year)								ine)  X Form filed by One Reporting Person Form filed by More than One Reporting						
(City)	(S	tate)	(Zip)										Person		e tnan	One Repor	ting		
		Tal	ble I - Non	-Deriv	ativ	e Se	curitie	s Ac	quired, Di	ispo	osed of	f, or Ber	neficiall	y Owned					
1. Title of Security (Instr. 3)  2. Transa Date (Month/D				Execution Date,			Code (Instr. 5)				5. Amour Securitie Beneficia	es For		m: Direct     or Indirect	7. Nature of Indirect Beneficial Ownership				
						(монилоау/теаг)		Code V	1	Amount	(A) or (D)	Price	Reported Transact				(Instr. 4)		
									uired, Dis s, options,					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 Da if any (Month/Day/		4. Transaction Code (Instr. 8)		of		6. Date Exercisa Expiration Date (Month/Day/Year			7. Title and of Securiti Underlying Derivative (Instr. 3 and	ies g Security	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transactie (Instr. 4)	e ( s I ally I g (	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				c	code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amount or Number of Shares						
Employee Stock Option (right to buy)	\$12.31	05/24/2007			A		10,000		06/24/2007 <sup>(1)</sup>	05	5/24/2017	Common Stock	10,000	\$12.31	10,000	0	D		

## **Explanation of Responses:**

 $1.\ 3-year\ vesting\ period;\ 1/36th\ vesting\ every\ month,\ being\ fully\ vested\ 05/24/2010.$ 

## Remarks:

/s/ Heather H. Murren

05/29/2007

\*\* 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.