FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL         |          |  |  |  |  |  |  |  |  |
|----------------------|----------|--|--|--|--|--|--|--|--|
| OMB Number:          | 3235-028 |  |  |  |  |  |  |  |  |
| Estimated average by | ırdon    |  |  |  |  |  |  |  |  |

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

| <u> </u>                 |  |  |  |  |  |  |  |
|--------------------------|--|--|--|--|--|--|--|
| OMB Number: 3235-028     |  |  |  |  |  |  |  |
| Estimated average burden |  |  |  |  |  |  |  |
| hours per response:      |  |  |  |  |  |  |  |

| Name and Address of Reporting Person*     Thomson David |   |                      |  |         |        | 2. Issuer Name and Ticker or Trading Symbol MANNKIND CORP [ MNKD ] |       |                                   |                   |  |                    |  |   |   | ationship of Reporting k all applicable) Director Officer (give title   |   | 10% Ov   | vner   |  |
|---|---|----------------------|--|---------|--------|--|-------|-----------------------------------|-------------------|--|--------------------|--|---|---|---|---|--|--|--|
| (Last) 28903 N  | `   | irst)<br>ENUE PAINE  | (Middle)                                     |         |        | 3. Date of Earliest Transaction (Month/Day/Year) 01/17/2006        |       |                                   |                   |  |                    |  |   | A below   | VP & General Cor  |   |  | Other (specify below)  |  |
| (Street) VALENO   |   |                      | 91355<br>(Zip)                               |         | 4. If  | 4. If Amendment, Date of Original Filed (Month/Day/Year)           |       |                                   |                   |  |                    |  |   | ne)<br>X Form<br>Form                               | ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person |   |  |  |  |
|   |   | Tab                  | le I - No                                    | n-Deri\ | ative/ | e Se   | curit | ies Ac                            | quired            | , Dis  | posed c            | of, or Be  | neficia   | lly Owne  | d   |   |  |  |  |
| , (   |   |                      | 2. Transaction<br>Date<br>(Month/Day/Year)   |         | ur) E  | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year)        |       | Transaction Disposed Code (Instr. |                   | ies Acquire<br>Of (D) (Ins                             |                    | I 5) Securit<br>Benefic<br>Owned   | 5. Amount of<br>Securities<br>Beneficially<br>Owned Following<br>Reported |   | n: Direct<br>or Indirect<br>nstr. 4)  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership |  |  |  |
|   |   |                      |  |         |        |  |       |                                   | Code              | v  | Amount             | (A) or<br>(D)  | Price   | Transac<br>(Instr. 3                                | tion(s)   |   |  | (Instr. 4)   |  |
| Common Stock, \$.01 Par Value                           |   |                      |  | 01/17   | 7/2006 |  |       |                                   | M                 |  | 2,570              | 2,570 A  |   | 5 6   | 6,532   |   | D  |  |  |
| Common Stock, \$.01 Par Value                           |   |                      | 01/17  | 7/2006  |        |  |       | S <sup>(1)</sup>                  |                   | 2,570  | D                  | \$15.3   | 57 3  | 7 3,962   |   | D   |  |  |  |
|   |   | T                    | Table II -                                   |         |        |  |       |                                   |                   |  | osed of            |  |   | y Owned   |   |   |  |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)     | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | ise (Month/Day/Year) | 3A. Deem<br>Executior<br>if any<br>(Month/Da | n Date, |        | Transaction<br>Code (Instr.  |       | n of E                            |                   | 6. Date Exercisa<br>Expiration Date<br>(Month/Day/Year |                    | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative Security<br>(Instr. 3 and 4) |   | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Number<br>derivative<br>Securities<br>Beneficial<br>Owned<br>Following<br>Reported<br>Transactio<br>(Instr. 4)               | e<br>es<br>ally<br>g                                | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|   |   |                      |  |         | Code   | v  | (A)   | (D)                               | Date<br>Exercisal |  | Expiration<br>Date | Title  | Amount<br>or<br>Number<br>of<br>Shares                                    | 1   |   |   |  |  |  |
| Employee<br>Stock<br>Option<br>(right to<br>buy)        | \$7.95  | 01/17/2006           |  |         | М      |  |       | 2,570                             | 11/05/20          | 04 1   | 11/05/2007         | Common<br>Stock,<br>\$.01 Par<br>Value   | 2,570   | \$0.00  | 39,720  | 0   | D  |  |  |

## **Explanation of Responses:**

1. Transaction occurred pursuant to Rule 10b5-1 Plan.

## Remarks:

**David Thomson** 

01/18/2006

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.