FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL      |           |  |  |  |  |  |  |  |
|-------------------|-----------|--|--|--|--|--|--|--|
| OMB Number:       | 3235-0287 |  |  |  |  |  |  |  |
| Estimated average | hurden    |  |  |  |  |  |  |  |

0.5

hours per response:

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*  Palumbo Diane       |                                                                          |        |             |              | 2. Issuer Name <b>and</b> Ticker or Trading Symbol  MANNKIND CORP [ MNKD ] |       |                                                                                            |              |             |                                                                                                                                               |                     |        |                                                   | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) |                                                                   |                                                                   |                                                                   |            |
|---------------------------------------------------------------|--------------------------------------------------------------------------|--------|-------------|--------------|----------------------------------------------------------------------------|-------|--------------------------------------------------------------------------------------------|--------------|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------|---------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------|------------|
| <u>Paiumo</u>                                                 | <u>o Diane</u>                                                           |        |             |              |                                                                            |       |                                                                                            |              |             |                                                                                                                                               |                     |        |                                                   | Di                                                                      | ector                                                             | 10%                                                               | Owner                                                             |            |
|                                                               | <b></b>                                                                  |        |             |              | 3. D                                                                       | ate c | of Earlie                                                                                  | st Trans     | saction (M  | onth/                                                                                                                                         | Day/Year)           |        |                                                   | $\dashv$                                                                |                                                                   | ficer (give title low)                                            | Other<br>below                                                    | (specify   |
| (Last)                                                        | (Fi                                                                      | rst) ( | Middle)     |              |                                                                            | 06/2  |                                                                                            |              |             |                                                                                                                                               | .,                  |        |                                                   |                                                                         | Vic                                                               | e President                                                       | Human Reso                                                        | urce       |
| 28903 NORTH AVENUE PAINE                                      |                                                                          |        |             |              |                                                                            |       |                                                                                            |              |             |                                                                                                                                               |                     |        |                                                   |                                                                         | *1                                                                | vice i resident, i raman resource                                 |                                                                   |            |
| (Street)                                                      |                                                                          |        |             |              | 4. If                                                                      | Ame   | endmen                                                                                     | , Date o     | of Original | Filed                                                                                                                                         | (Month/Da           | ay/Yea | r)                                                | 6.<br>Lir                                                               |                                                                   | l or Joint/Grou                                                   | Filing (Check                                                     | Applicable |
| VALENCIA CA 91355                                             |                                                                          |        |             |              |                                                                            |       |                                                                                            |              |             |                                                                                                                                               |                     |        |                                                   | ,                                                                       | <b>,</b>                                                          |                                                                   |                                                                   |            |
|                                                               |                                                                          |        |             |              |                                                                            |       |                                                                                            |              |             |                                                                                                                                               |                     |        |                                                   | Form filed by More than One Reporting<br>Person                         |                                                                   |                                                                   |                                                                   |            |
| (City)                                                        | (St                                                                      | ate) ( | Zip)        |              |                                                                            |       |                                                                                            |              |             |                                                                                                                                               |                     |        |                                                   |                                                                         |                                                                   |                                                                   |                                                                   |            |
|                                                               |                                                                          | Tabl   | e I - Noi   | n-Deriv      | ative                                                                      | Se    | curiti                                                                                     | es Ac        | quired,     | Dis                                                                                                                                           | posed o             | f, or  | Ben                                               | eficia                                                                  | lly Ow                                                            | ned                                                               |                                                                   |            |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Date) |                                                                          |        |             |              | Execution Da                                                               |       | n Date,                                                                                    | Code (Instr. |             |                                                                                                                                               |                     |        |                                                   | d Sec<br>Ber<br>Owi                                                     | mount of<br>urities<br>eficially<br>ned Following<br>orted        | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |            |
|                                                               |                                                                          |        |             |              |                                                                            |       |                                                                                            |              | Code        | v                                                                                                                                             | Amount (A) or (D)   |        | Price                                             | Trai                                                                    | nsaction(s)<br>tr. 3 and 4)                                       |                                                                   | (11301.4)                                                         |            |
| Common Stock, \$.01 Par Value 11/06/                          |                                                                          |        |             |              | 2009                                                                       |       | S                                                                                          |              | 5,000       |                                                                                                                                               | D                   | \$5.7  | 02                                                | 132,807                                                                 | D                                                                 |                                                                   |                                                                   |            |
|                                                               |                                                                          | Та     | ıble II - I |              |                                                                            |       |                                                                                            |              |             |                                                                                                                                               | sed of,<br>onvertib |        |                                                   |                                                                         | Owne                                                              | d                                                                 |                                                                   |            |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)           | tive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any |        | ay/Year)    | Code (<br>8) | ransaction of ode (Instr. Derivative                                       |       | 6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Exercisable Date |              |             | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr.<br>and 4)  Amour<br>or<br>Numbe<br>of<br>Title Shares |                     | ount   | 8. Price c<br>Derivativ<br>Security<br>(Instr. 5) |                                                                         | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4)            |                                                                   |            |

Explanation of Responses:

Remarks:

/s/ Diane Palumbo

11/09/2009

\*\* 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.