SEC Form 3 FORM 3

UNITED STATES SECURITIES AND EXCHANGE

COMMISSION

Washington, D.C. 20549

OMB APPROVAL

3235-OMB Number: 0104

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per 0.5

response:

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 [*] BLANK BURKHARD			2. Date of E Requiring S (Month/Day	tatement /Year)	3. Issuer Name and Ticker or Trading Symbol <u>MANNKIND CORP</u> [MNKD]						
(Last) 1 CASPER (Street)		(Middle)	05/24/202	3	Issuer	ationship of Reporting k all applicable) Director Officer (give title below) EVP Chief Medic	10% O Other (below)	wner specify	 5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) 		
DANBURY (City)	(State)	06810 (Zip)							X	Person	by One Reporting by More than One Person
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)				6	2. Amount of Securities Beneficially Owned (Instr. 4)				4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Se Underlying Derivative Se (Instr. 4)				cise	5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
			Date Exercisable	Expiratior Date	n Title		Amount or Number of Shares	Amount Derivativ or Security Jumber of			5,

Explanation of Responses:

Remarks:

No securities are beneficially owned.

/s/ Burkhard R. Blank

** Signature of Reporting Person

05/26/2023

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 5 (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.