SEC Form 4

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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| hours per response: | 0.5 |
|--------------------------|-----|
| Estimated average burden | |

| 1. Name and Address of Reporting Person* | | | | | 2.1 | 2. Issuer Name and Ticker or Trading Symbol | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|--|---|-------------|--------|---|--|----------|----------------------------------|--|--------|---|------------------------|---|---|--|-------------|--|---|---------|--|
| CONSIGLIO RONALD J | | | | | MANNKIND CORP [MNKD] | | | | | | | | X | Directo | , | | 10% Ov | vner | | |
| (Last) (First) (Middle) | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/24/2007 | | | | | | | | | Officer below) | (give title | | Other (s below) | specify | |
| 28903 NORTH AVENUE PAINE | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | |
| (Street) | | | | | - - ' | *. In Americanieni, Date of Original Fileu (Month/Ddy/Tedi) | | | | | | | | Line) | | | | | | |
| VALENCIA CA 91355 | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | | | |
| | | | | | - | | | | | | | | | | Person | | | | | |
| (City) | (City) (State) (Zip) | | | | | | | | | | | | | | | | | | | |
| | | Tal | ble I - Nor | n-Deri | vativ | e Se | ecuritie | s Ac | quired, | Dis | posed o | f, or Bei | nefici | ially | Owned | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | | Execution Da | | | e, Transaction Disposed Code (Instr. 5) | | ies Acquire Of (D) (Ins | ed (A) o tr. 3, 4 a | r and | 5. Amount of Securities Beneficially Owned Follo Reported | | Form | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Pric | rice Reported Transacti (Instr. 3 a | | ion(s) | | | (Instr. 4) | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | nversion Date Execution Date, Exercise (Month/Day/Year) if any (Month/Day/Year) ivative | | | Transaction of Code (Instr. Derivative | | | Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | [| 3. Price of Derivative Security Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisabl | | Expiration Date | Title | Amou or Numb of Share | ber | | | | | | |
| Employee Stock Option (right to | \$12.31 | 05/24/2007 | | | Α | | 10,000 | | 06/24/2007 | 7(1) | 05/24/2017 | Common Stock | 10,0 | 00 | \$12.31 | 10,00 | 0 | D | | |

Explanation of Responses:

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

Remarks:

buy)

/s/ Ronald Consiglio

05/29/2007 Date

** 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.