FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
hours per response:	0.5							

					<u> </u>		31. 00(1.)		investment.	00	party 7 tot	0. 10.0							
1. Name and Address of Reporting Person* KRESA KENT						2. Issuer Name and Ticker or Trading Symbol MANNKIND CORP [MNKD]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
KKESE	AKENI													X Directo	or		10% Ow	ner	
(Last) 30930 R	`	irst) ANCH ROAD	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/21/2020							Officer below)	(give title		Other (s below)	pecify		
SUITE 3	00																		
(Street)					4. I1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
WESTLA	AKE _		04060											X Form f	iled by One I	Reportir	ng Persor	ı	
VILLAG	E C	A	91362									Form filed by More than One Reporting Person				ting			
(City)	(5	state)	(Zip)																
		Tab	ole I - Non-	-Deriva	ative	e Se	curities	s Ac	quired, D	isp	osed o	f, or Be	neficial	ly Owned	l				
1. Title of Security (Instr. 3) 2. Transar Date (Month/Date)				Execution Date,			Code (Instr. 5)			ed (A) or tr. 3, 4 and	Benefici Owned F	es I ally (Following (Form: Di	n: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership				
								Code	/	Amount	(A) or (D)	Price	Reporte Transac (Instr. 3	tion(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		3A. Deemed Execution Date if any (Month/Day/Yea	ate, Transact Code (In:					6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	y Di or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				C	ode	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amount or Number of Shares						
Restricted Stock Unit	(1)	05/21/2020			Α		88,235		(2)	05	5/21/2030	Common Stock	88,235	\$0.00	88,235		D		
Restricted Stock Unit	(1)	05/21/2020			A		38,760		(3)	05	5/21/2030	Common Stock	38,760	\$0.00	38,760		D		

Explanation of Responses:

- 1. Each restricted stock unit represents a contingent right to receive one share of MNKD common stock.
- 2. Annual Equity Award: Restricted stock unit shall vest immediately, but the shares shall not be delivered until there is a separation of service, such as through resignation or retirement from the Board or his or
- 3. Annual Retainer: Award granted in lieu of annual cash retainer payment. Restricted stock unit shall vest immediately, but the shares shall not be delivered until there is a separation of service, such as through resignation or retirement from the Board or his or her death.

Remarks:

/s/ David Thomson, Attorney-

in-fact

05/26/2020

** 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.