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 burden									

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

Name and Address of Reporting Person*     Thomson David						2. Issuer Name and Ticker or Trading Symbol MANNKIND CORP [ MNKD ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>11101118</u>	<u>on David</u>										,				Directo	or		10% Ov	vner
					-									X	Officer	(give title		Other (s	specify
(Loot)	(5)	irot)	(Middle)		3. [	3. Date of Earliest Transaction (Month/Day/Year)								Λ	below)			below)	
(Last)	(F	irst)	(Middle)		04/	04/17/2006								VP & General Counsel					
28903 N	ORTH AVE	ENUE PAINE													•	r & Gen	crui (	Journser	
					- 4.1	f Amer	ndmei	nt. Date	of Origina	al File	d (Month/D	av/Year)	- 1	3. Indi	vidual or	Joint/Groun	Filing	(Check Ap	plicable
(Street)								,	3					_ine)			•	, , , , ,	
VALENO	CIA C	Δ	91355											X	Form 1	iled by One	e Repo	orting Perso	n I
VILLETIN	JII		01000													•		•	
					-										Persoi		re tnar	n One Repo	rting
(City)	(S	tate)	(Zip)												reisui				
		Tah	le I - No	n-Deri	vative	Sec	urit	ies Ad	rauired	Die	sposed o	of or Be	nefic	ially	Owner	1			
			101 140			_			<del>-</del>	, 5.	<del>-</del>				5. Amou				7. Natura
1. Title of Security (Instr. 3) 2. Trans Date (Month/li					action		A. Deemed xecution Date,						ties Acquired (A) or d Of (D) (Instr. 3, 4 an					Ownership rm: Direct or Indirect	7. Nature of Indirect Beneficial
					onth/Day/Year)				Code (Instr.		'	Disposed Of (D) (mstr. 6, 4			Benefic				
								Day/Yea	r) 8)	r)   8)						Owned Following Reported			Ownership (Instr. 4)
									0-4-	V		(A) or	Price			Transaction(s)			(111501.4)
					Code	<u> </u>	Amount	(D)	Price	<del>.</del>	(Instr. 3								
Common Stock, \$.01 Par Value 04/17/					7/2006	2006			M		2,570	A	\$7	.95	26	5,032		D	
Common	Stock, \$.01	l Par Value		04/17	7/2006				S <sup>(1)</sup>		2,570	D	\$20	.665	665 23,462 D				
	Otocii, p.o.		<u></u>																
		7	able II -								osed of				wned				
	1			(e.g.,	puts,	calls	, wa	rrant	s, optio	ns,	converti	ble seci	urities	5)					
1. Title of	2.	3. Transaction	3A. Deen		4.		of I		6. Date Exercisa			7. Title and		8. Price		9. Number		10.	11. Nature
Derivative	Conversion or Exercise	Date (Month/Day/Year)	Execution if any	n Date,	Transa				Expiration (Month/D			Amount of Securities Underlying		Derivative Security (Instr. 5)		derivative		Ownership Form:	p of Indirect Beneficial
Security (Instr. 3)	Price of		II any   (Month/D	av/Year)	Code ( 8)	ınsır.			(MONUN/L	ayıre	ar)					Securities Beneficially Owned		Direct (D)	Ownership
(	Derivative		(	u,,,	•,	Acquired							e Securi					or Indirect	(Instr. 4)
Security						(A) or						(Instr. 3 a	nd 4)			Following Reported Transaction(s) (Instr. 4)		(I) (Instr. 4)	l
							Disp	osed											1
								tr. 3, 4											1
						and									` ' '			1	
													Amou	nt					
								l					or	```					1
								l	l <u>.</u> .	- 1.			Numb	er					1
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	of Share:	s					
Employee			İ							$\neg$		Commercia		$\top$					1
Stock								l				Common Stock,		_					
Option (right to	\$7.95	04/17/2006			M			2,570	11/05/20	004	11/05/2007	\$.01 Par Value	2,57	U	\$0.00	32,010	)	D	

## **Explanation of Responses:**

1. Transaction occurred pursuant to Rule 10B5-1 Plan.

## Remarks:

/s/ David Thomson

04/20/2006

\*\* 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.