FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| A / a a la i a a 4 a a | D C | 20540 |
|------------------------|------|-------|
| Vashington, | D.C. | 20549 |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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* Shannon James Samuel | | | | MA | 2. Issuer Name and Ticker or Trading Symbol MANNKIND CORP [MNKD] | | | | | | | (Ch | eck all appli X Directo | cable) or | | Owner | |
|--|---|--|--|--------|--|---|---------|-----------------|---------------------------------|-------------------|--|--|--|--|--|---|---------------------------------------|
| (Last) | ` | , | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/25/2023 | | | | | | | | Officer below) | (give title | Other below | (specify |
| 1 CASPER STREET | | | | | 4. If / | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | . Individual or Joint/Group Filing (Check Applicab ine) | | | |
| (Street) DANBU | RY C | Γ | 06810 | | | | | | | | | | | | iled by More | Reporting Per than One Re | |
| (City) | (Si | ate) | (Zip) | | Ru | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | |
| | | | | | Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | ided to | | | |
| | | Tabl | e I - Non | -Deriv | ative | Sec | urities | s Ac | quired, D | ispo | sed o | f, or Be | neficial | ly Owned | ı | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | E) if | A. Deemed xecution Date, any Month/Day/Year | | Transaction Dis | | Dispose | curities Acquired (A) sed Of (D) (Instr. 3, | | Benefici | es Formially (D) (I) (I) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | Code | v A | Amount (A) or (D) | | r Price | Transac (Instr. 3 | tion(s) | | (Instr. 4) | |
| | | т | | | | | | | uired, Dis s, options | • | , | | , | Owned | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Da if any (Month/Day/Y | Date, | ate, Transac Code (II | | | | Expiration Dat (Month/Day/Ye | | e and | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | Ownersh Form: Direct (D or Indire (I) (Instr. | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | iration | Title | Amount or Number of Shares | | | | |
| Restricted Stock Unit | (1) | 05/25/2023 | | | A | | 47,393 | | (2) | 05/2 | 25/2033 | Common Stock | 47,393 | \$0.00 | 47,393 | D | |

Explanation of Responses:

- $1. \ Each \ restricted \ stock \ unit \ represents \ a \ contingent \ right \ to \ receive \ one \ share \ of \ MNKD \ common \ stock.$
- 2. Restricted stock unit vested on May 25, 2023, but the shares will not be delivered until there is a separation of service from the board of directors of MannKind Corporation.

Remarks:

/s/ David Thomson, Attorneyin-fact

05/26/2023

** 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.