FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	VAL
	OMB Number:	3235-0287
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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

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		Reporting Person*		2. Issuer Name <b>and</b> Ticker or Trading Symbol MANNKIND CORP [ MNKD ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Palumbo Diane							. ,								Direct			10% O	
(Loot)	(5)	rst) (	3. 🖸	Date of Earliest Transaction (Month/Day/Year)										Officer (give title Other (spe below) below)			specily		
(Last)	`	ENUE PAINE	08/	08/19/2010									Vice President, Human Resource				rce		
20903 IN	OKIIIAVI																		
							4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable ne)				
(Street) VALENCIA CA 91355													X	Form filed by One Reporting Person				on	
,			.										Form filed by More than One Reporting						
(City) (State) (Zip)														Person					
		Tab	le I - Noi	n-Deriv	ative	Se	curities	Acc	quired,	Dis	posed o	f, or B	enefi	cially	y Owne	d			
1. Title of Security (Instr. 3)  2. Transa Date (Month/D					action Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction   Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			1 and Securit Benefic Owned		ties Fo cially (D I Following (I)		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership
						Code	v	Amount	mount (A) or (D)		rice		ed action(s) 3 and 4)			(Instr. 4)			
Common Stock, \$.01 Par Value 08/19/							2010		F <sup>(1)</sup>		1,101	I	) \$	5.97	10	102,186		D	
Common	ommon Stock, \$.01 Par Value 08/19/20					2010		A <sup>(2)</sup>		13,000	13,000 A S		0.00	11	115,186		D		
		T	able II -								sed of, onvertib				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	4. Transactior Code (Instr. 8)		n of		6. Date Exercis: Expiration Date (Month/Day/Yea		е	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		S (I	Price of Perivative Security Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Ownership Form:	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amou or Numb of Share	oer					
Employee Stock Options (right to	\$5.93	08/19/2010			A <sup>(3)</sup>		62,000		08/19/20	)11	08/19/2020	Stock Option	62,0	00	\$5.93	62,000		D	

## Explanation of Responses:

- $1. \ Shares \ withheld \ to \ satisfy \ the \ tax \ liability \ incident \ to \ the \ vesting \ of \ previously \ reported \ restricted \ stock \ units.$
- 2. Acquired pursuant to a Restricted Stock Unit Award: 25% vest on each year anniversary of the vesting determination date and 25% each anniversary thereafter; shares shall fully vest on the fourth year anniversary of the vesting determination date.
- 3. 25% vesting on the anniversary of the vesting determination date and 1/48th per month thereafter; being fully vested on the fourth anniversary of the vesting determination date.

## Remarks:

/s/ Diane Palumbo 08/23/2010

\*\* 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.