(City)

## 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).
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(State)

(Zip)

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Instruction 1(b).			Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934			iouro por roope		
.,			or Section 30(h) of the Investment Company Act of 1940					
1. Name and Address of Reporting Person <sup>*</sup> Castagna Michael			2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>MANNKIND CORP</u> [ MNKD ]		ationship of Rep k all applicable) Director Officer (give	0	on(s) to Issuer 10% Owner Other (specify	
(Last) 25134 RYE CA SUITE 300	134 RYE CANYON LOOP		3. Date of Earliest Transaction (Month/Day/Year) 08/24/2016		below) Chief Co	below) Commercial Officer		
(Street) VALENCIA	СА	91355	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line) X	vidual or Joint/G Form filed by	1 01	Check Applicable ing Person	

Form filed by	More	than Or	ne Rep	orting
Person				•

## Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)					5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1130.4)	
Common Stock,\$.01 par value	08/24/2016		Р		15,000	Α	<b>\$0.87</b>	195,000	D		

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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) (D) Date Exercisable Expiration Date				8. 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)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v					Title	Amount or Number of Shares		

Explanation of Responses:

**Remarks:** 

/s/ Michael Castagna

08/24/2016

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.