FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| 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 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* | | | | | | 2. Issuer Name and Ticker or Trading Symbol MANNKIND CORP [MNKD] | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
|---|---|------------|-----------------------------------|----------------|------------------|--|----------|-----------------------------------|-------------------|---|---------------------|---------|---|--|--|--|--|---|-------------|--|
| (Last) (First) (Middle) 28903 NORTH AVENUE PAINE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/03/2011 | | | | | | | | | Officer below) Chairn | Other (s below) | | | | |
| (Street) VALENCIA CA 91355 (City) (State) (Zip) | | | | | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (3) | | ble I - Noi | n-Deri | ivativ | e Se | curities | Acc | uired, | Disi | osed o | f, or l | Benef | icially | y Owned | | | | | |
| 1. Title of Security (Instr. 3) | | | 2. Tran | 2. Transaction | | 2A. Deemed Execution Date, | | 3. Transaction Code (Instr. | | 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 5) | | | () or | 5. Amoun Securities Beneficia Owned Fe | s illy ollowing | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Direct I Indirect E tr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code | v | Amount | t (A) or (D) Pri | | Price | Reported Transacti (Instr. 3 a | on(s) | | | (Instr. 4) | | |
| Common | Stock, \$.01 | Par Value | | 03/0 | 03/201 | 1 | | | A ⁽¹⁾ | | 54,100 |) | A | \$0.00 | 601 | ,443 | | D | | |
| Common Stock, \$.01 Par Value | | | | | | | | | | | | | | 41,05 | 8,060 | | I 1 | AEM Living Trust | | |
| Common Stock, \$.01 Par Value | | | | | | | | | | | | | | 4,025,979 | | | I 1 | Biomed | | |
| Common Stock, \$.01 Par Value | | | | | | | | | | | | | | | 2,406,027 | | | 1 1 | Biomed I | |
| Common Stock, \$.01 Par Value | | | | | | | | | | | | | | | 10,968 | | | I 1 | MannCo | |
| Common Stock, \$.01 Par Value | | | | | | | | | | | | | | 2,800,000 | | | I I | The Mann Group, LLC | | |
| | | | Table II - | | | | | | | | sed of, onvertik | | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | tle of 2. 3. Transaction Avative Conversion Date Execution Date (Month/Day/Year) if any | | 4. Transaction Code (Instr. | | ction | 5. Number of Derivative | | 6. Date Expiration (Month/Da | able and | | | mount | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | Code | v | (A) | | Date Exercisat | | Expiration Date | Title | or Nur | ount nber Shares | | (Instr. 4) | | | | |
| Employee Stock Option \$3.8 03/03/20 (right to buy) | | 03/03/2011 | | | A ⁽¹⁾ | | 216,400 | | 03/03/202 | 3/2012 03/02/2021 Stock Options 216,400 | | \$3.8 | 216,400 | | D | | | | | |

Explanation of Responses:

1. 50% vesting on the first anniversary of the vesting determination date and 50% vesting on the second anniversary of the vesting determination date

Remarks:

/s/ Alfred E. Mann

03/07/2011

** 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.