FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| nington, D.C. 20549 | OMB APPROVAL | | | | |
|-----------------------------|--------------|-------------|--|--|--|
| ES IN BENEFICIAL OWNERSHIP | OMB Number: | 3235-02 | | | |
| LO IN BENEFICIAL CONTENSION | | la constant | | | |

| כ | Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). | | pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 | ERSHIP | OMB Number: Estimated average burde hours per response: | 3235-0287 en 0.5 |
|---------------------------------------|---|--|---|----------------------|---|------------------------|
| Name and Address of Reporting Person* | | | 2. Issuer Name and Ticker or Trading Symbol | 5. Relationship of R | eporting Person(s) to Is | suer |

| Thomson David | | | | | MANNKIND CORP [MNKD] | | | | | | | | | | Direc | | | 6 Owner | |
|---|---|--|--|---|------------------------|---|------------------------------------|--------------------------------------|-------------------|--|---|-------------|---|--------|---|---|---|--|-------|
| (Last) 28903 NO | , | rst) (| Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/16/2009 | | | | | | | | | X | Officer (give title Other (specify below) VP & General Counsel | | | |
| (Street) VALENC (City) | | | 91355 Zip) | | 4. If | f Ame | ndment, | Date o | f Original | Filed | (Month/Da | ay/Yea | r) | | Individue) X | Form | n filed by One n filed by Mor | o Filing (Chec e Reporting P re than One F | erson |
| | | Tab | e I - Nor | ı-Deri\ | /ative | Sec | curitie | s Acc | uired, | Dis | posed o | f, or | Bene | eficia | ally C |)wne | ed | | |
| 1. Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | | ar) E | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Disposed Code (Instr. 5) | | urities Acquired (A sed Of (D) (Instr. 3, | | | , 4 and Secu Bene Own | | cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | of Indirect | | |
| | | | | | | | | Code | v | Amount | () | A) or D) | Price | | | action(s) 3 and 4) | | (iiisti. 4) | |
| Common | Common Stock, \$.01 Par Value | | | 11/1 | 6/2009 | | | | F ⁽¹⁾ | | 268 | | D | \$6. | 5.28 | | 4,678 | D | |
| Common | ommon Stock, \$.01 Par Value | | | 11/16/2009 | |) | | | F ⁽¹⁾ | | 2,277 | 7 | D | \$6.28 | | 82,401 | | D | |
| | | Ta | able II - C | | | | | | | | sed of, onvertib | | | | y Ow | ned | | | · |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Execution if any | 3A. Deemed Execution Date, if any (Month/Day/Year) A. Transaction of Derivation Securitie Acquires (A) or Dispose of (D) (Instr. 3, and 5) | | ative rities ired osed | Expiration Date (Month/Day/Year) S | | | | 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 Indirec (I) (Instr. | Beneficial Ownership t (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | Amo or Nun of Sha | | | | | | |

Explanation of Responses:

1. Shares withheld to satisfy the tax liability incident to the vesting of previously reported restricted stock units.

Remarks:

/s/ David Thomson 11/17/2009

** 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.