FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| <i>N</i> ashington, | D.C. | 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| | tion 1(b). | iuc. See | F | | | | | | | es Exchang npany Act o | | 1934 | | nours | s per re | esponse: | 0.5 | |
|--|--|----------|---|----------------------|--|---------------------------------------|------------------------------------|---------------------------------------|---|---|---|--|--|---|----------|--|-----|--|
| 1. Name and Address of Reporting Person* Tross Stuart A | | | | | 2. Issuer Name and Ticker or Trading Symbol MANNKIND CORP [MNKD] | | | | | | | 5. Relationship of Reporting Perso (Check all applicable) Director | | | | son(s) to Issuer 10% Owner Other (specify | | |
| (Last) (First) (Middle) 30930 RUSSELL RANCH ROAD SUITE 300 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/30/2021 | | | | | | | X Officer (give title Officer (specify below) Chief People & Workpl Officer | | | | | | |
| (Street) WESTLA VILLAG (City) | GE CA | | 1362 Zip) | 4. | | | | | | | | | ne) X Form Form | ´ | | | | |
| | | Table | I - Non-Der | ivative | Secu | ırities | Acq | uired, | Dis | posed of | , or B | enefic | ially Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | Execution Date, | | Transaction Disposed (Code (Instr. 5) | | ies Acquired (A) Of (D) (Instr. 3, | | and Securi Benefi | ities F icially (I d Following (I | | m: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | | | Code | v | Amount | (A) c (D) | Price | Transa | action(s) 3 and 4) | | | (| |
| Common Stock, \$0.01 Par Value 07/30 | | | | 30/2021 | /2021 | | P ⁽¹⁾ | | 4,476 | A | \$2. | 99 634,708 | | | D | | | |
| | | Tal | ole II - Deriv (e.g., | | | | | | | osed of, convertib | | | | d | | | | |
| 1. Title of Derivative Security (Instr. 3) | Conversion or Exercise Price of Derivative Security Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) Derivative Security | | of Deriv Secu Acqu (A) o Disp of (D | osed) r. 3, 4 | Expiration Date (Month/Day/Year) S S S d S S S S S S S S S S S S S S S | | Amount of Do Securities Securities | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | |
| | | | | Cod | e V | (A) | (D) | Date Exercisa | able | Expiration Date | | Amount or Number of Shares | | | | | | |

Explanation of Responses:

Remarks:

/s/ Stuart Tross

08/02/2021

** 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.

 $^{1.\} The\ reporting\ person\ purchased\ shares\ through\ the\ Company's\ Employee\ Stock\ Purchase\ Plan\ effective\ July\ 31,\ 2021.$