## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b)

# STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     Thomson David						2. Issuer Name and Ticker or Trading Symbol MANNKIND CORP [ MNKD ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title) Other (specify)				
(Last) (First) (Middle) 28903 NORTH AVENUE PAINE						3. Date of Earliest Transaction (Month/Day/Year) 08/06/2008									X Officer (give title Other (specify below)  VP & General Counsel				
(Street) VALENCIA CA 91355					4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting				
(City) (State) (Zip)															Person		C triair	Опе теры	ung
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)						ear)   i	f any	emed tion Date n/Day/Yea	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3,				Beneficia Owned F Reported	es Formally (D) Following (I) (I		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	V	Amount	(A) or (D)		Price	Transaction(s) (Instr. 3 and 4)				
, i					6/200				A		95,568(							D	
			Table II -						• ′		osed of, convertib			-	Owned				
1. Title of Derivative Security (Instr. 3)	ative Conversion Date Execution I or Exercise (Month/Day/Year) if any			Date, Transaction Code (Instr					6. Date Exercisable and Expiration Date (Month/Day/Year)		•	7. Title and Am of Securities Underlying Derivative Sec (Instr. 3 and 4)		s ecurity	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	(A)	(D)	Date Exercisal	ble	Expiration Date	Title	1	Amount or Number of Shares					
Employee Stock Option (right to buy)	\$25.23	08/06/2008			D/K			50,000	01/07/200	)2 <sup>(3)</sup>	01/06/2012		nmon ock	50,000	\$25.23 <sup>(2)</sup>	0		D	
Employee Stock Option (right to buy)	\$13.05	08/06/2008			D/K			92,500	08/19/200	)4 <sup>(3)</sup>	08/19/2014		nmon ock	92,500	\$13.05 <sup>(2)</sup>	0		D	
Employee Stock Option (right to buy)	\$11	08/06/2008			D/K			14,635	11/16/200	)5 <sup>(3)</sup>	11/16/2015		nmon ock	14,635	\$11 <sup>(2)</sup>	0		D	
Employee Stock Option (right to buy)	\$17.41	08/06/2008			D/K			19,000	08/16/200	)6 <sup>(3)</sup>	08/16/2016		nmon ock	19,000	\$17.41 <sup>(2)</sup>	0		D	
Employee Stock Option (right to	\$9.22	08/06/2008			D/K			15,000	08/15/200	)7 <sup>(3)</sup>	08/15/2017		nmon ock	15,000	\$9.22 <sup>(2)</sup>	0		D	

#### **Explanation of Responses:**

- 1. Acquired pursuant to a Restricted Stock Unit Award: 50% on August 1, 2009, 25% on February 1, 2010 and 25% on August 1, 2010.
- 2. On 8/6/2008, the issuer canceled, pursuant to the issuer's stock option exchange program, options granted to the reporting person on 1/22/2002, 8/19/2004, 11/16/2005, 12/8/2006, 8/15/2007. In exchange for the stock options, the reporting person received 95,568 shares of restricted stock units.
- 3. The canceled stock option vesting schedule: 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:

buy)

/s/ David Thomson

08/12/2008

\*\* 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.