FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-028							
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0.5

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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

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1. Name and Address of Reporting Person*  Richardson Peter C			2. Issuer Name <b>and</b> Ticker or Trading Symbol MANNKIND CORP [ MNKD ]							Check all a		g Person(s) to I				
(Last) 28903 No	(Fi	rst) (	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 08/26/2009							v Off	cer (give title ow)	Other (specify below)		
(Street) VALENC			91355 Zip)		4. If Ar	mendment, Date o	of Origina	al Filed	i (Month/Da	ay/Y	'ear)		ine) X Fo Fo	m filed by One	Filing (Check A Reporting Perse than One Rep	son
		Tabl	e I - No	n-Deriva	ative S	Securities Ac	quired	, Dis	posed o	of, c	or Ben	efici	ally Owi	ned		
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da			Execution Date,		Transaction Disposed Code (Instr.		ties Acquired (A) o d Of (D) (Instr. 3, 4 a		(A) or 3, 4 an	d 5) Seci Ben Owr	nount of irities eficially ed Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
					Code	v	Amount	mount (A) (C)		Price	Tran	orted saction(s) r. 3 and 4)		(Instr. 4)		
Common	Stock, \$.01	Par Value		08/26/	2009		S		1,334		D	\$7.7	919	145,214	D	
		Та				curities Acqu ls, warrants,							y Owne	d		
Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any		4. Transacti Code (Ins 8)		Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		ı	8. Price o Derivative Security (Instr. 5)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

Date Exercisable Expiration Date

Explanation of Responses:

Remarks:

/s/ Peter Richardson

08/28/2009

\*\* Signature of Reporting Person

Amount or Number

of Shares

Title

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Code

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.

(A) (D)

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).