FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	ROVAL								
OMB Number:	3235-0287								
Estimated average burden									
hours per response:	0.5								

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]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
KRESA KENT						Indiana Indiana								X	Directo	r		10% Ov	vner	
(Last) (First) (Middle) 28903 NORTH AVENUE PAINE						3. Date of Earliest Transaction (Month/Day/Year) 08/13/2008									Officer (give title Other (spec below) below)				specify	
	01111111	31,02,1121,12	4	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable							
(Street)					_	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, ongina		(y, . oa. _y		Line)						
VALENCIA CA 91355														X		iled by One Reporting Person iled by More than One Reporting				
-					-										Form fi Person		e than	One Repor	ting	
(City)	(S	tate)	(Zip)																	
		Tal	ble I - No	n-Deri	ivativ	e Se	curitie	s Ac	quired,	Dis	posed o	f, or Be	enefic	ially	Owned					
1. Title of Security (Instr. 3) 2. Transa Date (Month/D						ear)	Execution if any	Deemed ecution Date, any onth/Day/Year)		3. Transaction Code (Instr. 8)		ies Acqui Of (D) (In	red (A) (str. 3, 4	or and 5)	5. Amou Securitie Beneficia Owned F	s ally following	Form (D) or	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	Amount (A) or (D)		ice	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock, \$.01 Par Value 08/13/						2008		A		10,000	(1) A	\$	0.00	63,500			D			
			Table II -							•	osed of, onvertib			-	wned			,		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemee Execution I if any (Month/Day	Date,	Code (Inst		n of		6. Date Exercisa Expiration Date (Month/Day/Year		of Secu r) Underly Derivat		Title and Amount f Securities nderlying erivative Security nstr. 3 and 4)		3. Price of Derivative Security Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transaction (Instr. 4)	e O' s Fo lly Di or (1)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)		Date Exercisab		Expiration Date	Title	Amo or Num of Shai	nber						
Employee Stock Option (right to	\$3.89	08/13/2008			A		22,000		08/13/2009	9(2)	08/13/2018	Commo Stock	n 22,0	000	\$3.89	22,00	0	D		

Explanation of Responses:

- 1. 3-year vesting period; 1/3 vesting every year, being fully vested 08/13/2011.
- $2.\ 3-year\ vesting\ period;\ 1/36th\ vesting\ every\ month,\ being\ fully\ vested\ 08/13/2011.$

Remarks:

/s/ Kent Kresa

08/15/2008

** 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.