FORM 4

Check this box if no longer subject

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D	.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

to Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b).

Name and Address of Reporting Person* Castagna Michael						2. Issuer Name and Ticker or Trading Symbol MANNKIND CORP [MNKD]								Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Castag	ia iviiciia	<u>ei</u>												X	Direc	tor		10% O	wner
(Last) (First) (Middle)						Date of Earliest Transaction (Month/Day/Year)							X	Office below	er (give title /)		Other (: below)	specify	
1 CASPER STREET					03/01/2023								C	hief Exec	utive	Officer			
(Street)					4. If A	Amend	ment,	Date o	of Origin	al File	d (Month/Da	y/Year))	6. Indi	vidual or	Joint/Group	p Filin	ng (Check A	pplicable
DANBU	RY C	Γ 0	6810											X	,				
(City)	(St	ate) (Z	Zip)												Form Perso	filed by Mo	re tha	ın One Rep	orting
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day)					Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Ai Disposed Of (D 5)						5. Amo Securit Benefic Owned Report	ties cially I Following	Forn (D) c	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	(A) o (D)	r Pri	ce	Transa	ction(s) 3 and 4)			(111501. 4)	
Common Stock, \$.01 Par Value 03/01/			03/01/2	023			S ⁽¹⁾		10,000	D	\$5	.2748	2,0	40,128		D			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any				Transaction of Code (Instr. Derivative		vative rities rired r osed)	Expiration Date			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		Der Sec (Ins	Price of rivative curity str. 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	\ \	(A) (D)		Date Exercisable		Expiration Date	Numb of Title Share							

Explanation of Responses:

1. Transaction occurred pursuant to Rule 10B5-1 Plan.

Remarks:

/s/ Michael Castagna

03/03/2023

** Signature of Reporting Person

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

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.

^{*} 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).