FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** OMB Number: Estimated average burden hours per response: 0.5

C Deletionship of Departing Degan(s) to January

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  Thomson David							MANNKIND CORP [ MNKD ]									all applicable) Director		10% Ov	vner
(Last) (First) (Middle) 28903 NORTH AVENUE PAINE						3. Date of Earliest Transaction (Month/Day/Year) 08/07/2014									below)	give title Other (s below)  O & General Counsel		:респу	
(Street) VALENCIA CA 91355 (City) (State) (Zip)					4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)									dividual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person				
		Tak	le I - No	n-Deri	vativ	e Se	curi	ties Ac	quired	, Dis	posed o	of, or Bo	enefic	ially	Owned				
1. Title of Security (Instr. 3)  2. Transa Date (Month/D						ar) i	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (	Transaction Code (Instr.		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4			5. Amou Securitie Beneficia Owned F Reported	es ally Following	Form (D) o	n: Direct or Indirect ostr. 4)	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) o (D)	r Pric	e	Transact (Instr. 3	ion(s)			(Instr. 4)
Common Stock, \$0.01 Par Value 08/07/2							:014				30,000	) A \$		1.69	250	250,400		D	
Common Stock, \$0.01 Par Value 08/07/2						2014			S <sup>(1)</sup>		30,000	000 D \$8		1584	220,400			D	
			Table II -								osed of, converti				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemi Execution if any (Month/Da	Date,	4. Transa Code ( 8)				6. Date E Expiration (Month/E	n Dat	of Securities		ities ng /e Secur	1	3. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e C s F illy C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	V (A		(D)	Date Exercisa		Expiration Date	Title	Amou or Numb of Share	oer					
Employee Stock Option (right to	\$1.69	08/07/2014			M			30,000	05/17/20	)14	05/17/2022	Commor Stock, \$.01 Par Value	30.0	00	\$0.00	20,000	0	D	

## **Explanation of Responses:**

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

## Remarks:

/s/ David Thomson

08/07/2014

\*\* 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.