FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C	20549
wasinington,	D.C.	20343

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPR	OVAL						
OMB Number:	3235-0362						
Estimated average burden							
hours per response:	1.0						

Form 3 Holdings Reported.

Instruction 1(b)

Transactions R	eported.	File															
Name and Address of Reporting Person* Edstrom Hakan				2. Issuer Name and Ticker or Trading Symbol MANNKIND CORP [MNKD]					5 (0	Relationship of Reporting F (Check all applicable) X Director				. ,	Issuer Owner		
,	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2010					Year)	X Officer (give title Other (specify below) President & COO										
			4. If Amen	' ' ' ' '								,					
	Tabl	e I - Non-Deriv	ative Sec	uritie	s Ac	quire	d, Di	sposed (of, or	Benefici	ally	Owne	ed				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)		Execution Date, if any		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Dispos Of (D) (Instr. 3, 4 and 5)			or Disposed	Securiti Benefic		ies Ov ially Fo		ership 1: Direct	7. Nature of Indirect Beneficial Ownership		
						,	Amou	nt	(A) or (D)	Price		Issuer's Fiscal Year (Instr. 3 and 4)				(Instr. 4)	
Common Stock, \$.01 par value 06/30/2010			P)	1,	895	A	A \$5.7		416,010(1)			D			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		ation Date		Amoun or Numbe		ınt eer				Form: Direct (D) or Indirec	Beneficial Ownership (Instr. 4)		
	CIA CA (Sta Stock, \$.01	(First) (I ORTH AVENUE PAINE CIA CA 9 (State) (3 Table ecurity (Instr. 3) Stock, \$.01 par value Ta 2. Conversion or Exercise Price of Derivative (Month/Day/Year)	Table II - Derivat (e.g., pt Conversion or Exercise Price of Derivative Id Address of Reporting Person* (First) (Middle) (First) (Middle) (Middle) (Middle) (Middle) (All CA 91355 (Zip) Table I - Non-Derive (Month/Day/Year) 2. Transaction Date (Month/Day/Year) 2. Conversion or Exercise Price of Derivative (Month/Day/Year) 2. (Month/Day/Year) 3. 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Securities Acquired, Disposed of, or Be (e.g., puts, calls, warrants, options, convertible security (Month/Day/Year) Amount Amou	Cla Ca 91355 Statement for Issuer's Fiscal Year Ended (Month/Day/Year) State Can Ca State Can Ca Can Ca Can Can Can Can Can Can Can Can	d Address of Reporting Person* (First) (Middle) DRTH AVENUE PAINE Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Security (Instr. 3) Particular (Month/Day/Year) Table II - Derivative Securities Acquired, Disposed of, or Beneficially Or (D) (Instr. 3, 4 and 5) Table II - Derivative Securities Acquired, Disposed of, or Beneficially Or (D) (Instr. 3, 4 and 5) Table II - Derivative Securities Acquired, Disposed of, or Beneficially Or (D) (Instr. 3, 4 and 5) Table II - Derivative Securities Acquired, Disposed of, or Beneficially Or (D) (Instr. 3, 4 and 5) Table II - Derivative Securities Acquired, Disposed of, or Beneficially Or (D) (Instr. 3, 4 and 5) Table II - Derivative Securities Acquired, Disposed of, or Beneficially Or (D) (Instr. 3, 4 and 5) Table II - Derivative Securities Acquired, Disposed of, or Beneficially Or (D) (Instr. 3, 4 and 5) Table II - Derivative Securities Acquired, Disposed of, or Beneficially Or (D) (Instr. 3, 4 and 5) Table II - Derivative Securities Acquired, Disposed of, or Beneficially Or (D) (Instr. 3, 4 and 5) Table II - Derivative Securities Acquired, Disposed of, or Beneficially Or (D) (Instr. 3, 4 and 5) Table II - Derivative Securities Acquired, Disposed of, or Beneficially Or (D) (Instr. 3, 4 and 5) Table II - Derivative Securities Acquired, Disposed of, or Beneficially Or (D) (Instr. 3, 4 and 5) Table II - Derivative Securities Acquired (Month/Day/Year) Amount Or Number Or N	d Address of Reporting Person on Hakan (First) (Middle) ORTH AVENUE PAINE Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned (Month/Day/Year) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned (Month/Day/Year) (Stock, \$.01 par value	Address of Reporting Person or Section 30(h) of the investment Company Act of 1940 2. Issuer Name and Ticker or Trading Symbol MANNKIND CORP [MNKD] (First) (Middle) ORTH AVENUE PAINE 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2010 4. If Amendment, Date of Original Filed (Month/Day/Year) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned Execution Date (Month/Day/Year) 2. Transaction Date (Month/Day/Year) Stock, \$.01 par value 2. Transaction Code (Instr. (Month/Day/Year) Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) 2. Transaction Code (Instr. (Month/Day/Year) 3. Transaction Date (Instr. 3) 5. Amount of Securities Acquired (A) or Disposed (Paints Acquired (A) or Disposed (d Address of Reporting Person in Hakan Company Comp	Address of Reporting Person* In Hakan Comparison Com	

Explanation of Responses:

1. Includes 1,895 shares acquired on 06/30/2010 through the Issuer's Employee Stock Purchase Plan.

Remarks:

<u>Hakan Edstrom President,</u> <u>COO & Director</u>

02/14/2011

** 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.