FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 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* Palumbo Diane						2. Issuer Name and Ticker or Trading Symbol MANNKIND CORP [MNKD]									k all appl Direct	licable) tor		erson(s) to Issuer 10% Owner	
(Last) (First) (Middle) 28903 NORTH AVENUE PAINE						3. Date of Earliest Transaction (Month/Day/Year) 08/15/2011								X	below	er (give title v) President, Hur		Other (specify below) man Resource	
(Street) VALENCIA CA 91355 (City) (State) (Zip)				4. l	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(5	,	(Zip)	n Doris	/ative		curities	· Acc	nuired	Die	nosed o	f or B	enefic	ially	Οωνρο	d			
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transar Date (Month/Date)					saction Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.		4. Securities Acquired (A Disposed Of (D) (Instr. 3,		ired (A) o	or 5. Amo 4 and Securi Benefic		unt of ies ially Following	Form:	: Direct Indirect	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) (D)	or Pric	e	Reporte Transac (Instr. 3	ction(s)			(Instr. 4)
Common Stock, \$.01 Par Value 08/15					5/2011	/2011					963	Г	\$2	.79	111,723			D	
Common Stock, \$.01 Par Value 08/18					8/2011				A ⁽²⁾		16,500) A	\$0	.00	12	8,223		D	
Common Stock, \$.01 Par Value 08/19/					9/2011				F ⁽¹⁾		1,101	Г	\$2	.41	12	7,122		D	
Common Stock, \$.01 Par Value 08/19/					9/2011	1			F ⁽¹⁾		1,193	Г	\$2	.41	12	25,929		D	
		Т									sed 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. Deeme Execution if any (Month/Da	Date,	4. Transa Code (8)		ı of		Expiration	6. Date Exercisal Expiration Date (Month/Day/Year)		Amoun Securit Underly Derivat	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y [C	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amoun or Numbe of Shares						
Employee Stock Options (right to	\$2.41	08/18/2011			A ⁽³⁾		71,600		08/18/20)12	08/18/2021	Stock Option	71,600	0	\$2.41	71,600		D	

Explanation of Responses:

- 1. Shares withheld to satisfy the tax liability incident to the vesting of previously reported restricted stock units.
- 2. Acquired pursuant to a Restricted Stock Unit Award: 25% vest on each year anniversary of the vesting determination date and 25% each anniversary thereafter; shares shall fully vest on the fourth year anniversary of the vesting determination date
- 3. 25% vesting on the anniversary of the vesting determination date and 1/48th per month thereafter; being fully vested on the fourth anniversary of the vesting determination date.

Remarks:

/s/ Diane Palumbo 08/19/2011

** 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.