## Edgar Filing: MANNKIND CORP - Form 4

MANNKINI Form 4												
Check this box if no longer subject to STATEMENT OF CHANG						D.C. 209 BENEFI ITIES e Securiti ling Com	549 CCIA ies E ipany	Sind3235-028Number:January 31Expires:200Estimated averageburden hours perresponse0.				
(Print or Type R	Responses)											
Thomson David Symbol				Symbol	er Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) 3. Date of (Month/Da 28903 NORTH AVENUE PAINE 08/16/20				•				Director 10% Owner XOfficer (give title Other (specify below) below) VP & General Counsel				
VALENCIA	(Street)				ndment, Dat th/Day/Year)	-			6. Individual or Jo Applicable Line) _X_ Form filed by 0 Form filed by M Person	One Reporting Pe	erson	
(City)	(State)	(	Zip)	Table	e I - Non-De	erivative S	Securi	ties Acc	uired, Disposed of	f, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	ty (Month/Day/Year) Execution Date, if			3. 4. Securities Acquired Transaction(A) or Disposed of Code (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or				Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
Common Stock, \$.01 Par Value	08/16/2014				Code V $F^{(1)}$	Amount 2,283		Price \$ 6.86	(Instr. 3 and 4) 218,117	D		
Common Stock, \$.01 Par Value	08/18/2014				F <u>(1)</u>	2,153	D	\$ 6.86	215,964	D		
Common Stock, \$.01 Par Value	08/19/2014				F <u>(1)</u>	1,696	D	\$ 7.23	214,268	D		

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

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 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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Thomson David 28903 NORTH AVENUE PAINE VALENCIA, CA 91355			VP & General Counsel					
Signatures								

/s/ David Thomson 08/19/2014 <u>\*\*Signature of</u> Date Reporting Person

## **Explanation of Responses:**

- \* 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).
- (1) Shares withheld to satisfy the tax liability incident to the vesting of previously reported restricted stock units.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.