Thomson David Form 4/A September 04, 2009

### FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB** Number:

3235-0287

Expires:

January 31, 2005

0.5

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**OMB APPROVAL** 

Section 16. Form 4 or Form 5 obligations may continue.

Check this box

if no longer

subject to

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

See Instruction

1(b).

Par Value

(Print or Type Responses)

1. Name and Address of Reporting Person * Thomson David			2. Issuer Name <b>and</b> Ticker or Trading Symbol						5. Relationship of Reporting Person(s) to Issuer			
			MANNKIND CORP [MNKD]						(Check all applicable)			
(Last)	(First) (N	Middle)	3. Date of Earliest Transaction				(Check all applicable)					
28903 NORTH AVENUE PAINE			(Month/Day/Year) 05/18/2009					Director 10% Owner _X_ Officer (give title Other (specify below)  VP & General Counsel				
	4. If Amendment, Date Original						6. Individual or Joint/Group Filing(Check					
VALENCIA	Filed(Month/Day/Year) 06/03/2009					Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting						
									Person			
(City)	(City) (State) (Zip) <b>Table I - Non-Derivative Securities</b>							ties Acq	uired, Disposed o	of, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2. Transaction Date 2A. Deemed Execution Date any (Month/Day/Y			Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)					5. Amount of Securities Form: Direct Indirect Beneficially (D) or Beneficia Owned Indirect (I) Ownershi Following (Instr. 4) (Instr. 4) Reported Transaction(s) (Instr. 3 and 4)		
C				Code	V	Amount	(D)	Price	(Ilisti. 3 alid 4)			
Common Stock, \$.01 Par Value	05/18/2009			A(1)		18,000	A	\$ 0	118,780	D		
Common Stock, \$.01	05/18/2009			F(2)		6,435	D	\$ 5.83	112,345	D		

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

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5.83

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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	2.	3. Transaction Date		4. T	5.	6. Date Exer		7. Titl		8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if		ionNumber	Expiration D		Amou		Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day	(Year)		rlying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Secur	ities	(Instr. 5)	Bene
	Derivative				Securities	3		(Instr.	. 3 and 4)		Owne
	Security				Acquired						Follo
	Ť				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						(211512
					4, and 5)						
					4, and 3)						
									Amount		
						<b>.</b>	<b>.</b>		or		
						Date Exercisable	Expiration Date		Number		
									of		
				Code V	(A) (D)				Shares		

## **Reporting Owners**

Relationships Reporting Owner Name / Address

> Officer Other Director 10% Owner

Thomson David 28903 NORTH AVENUE PAINE VALENCIA, CA 91355

VP & General Counsel

## **Signatures**

/S/ David

09/04/2009 Thomson \*\*Signature of 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).
- This report is being filed to correctly reflect that the reporting person received a restricted stock award on 5/18/09 upon the satisfaction of certain performance-based criteria, and that certain shares were withheld to satisfy the tax liability thereon. The prior report incorrectly reported the net effect of such transactions.
- (2) Shares withheld to satisfy the tax liability incident to the vesting of performance based stock award.

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.

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