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

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OMB APPROVAL

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

Check this box

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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			Symbol	2. Issuer Name and Ticker or Trading Symbol						5. Relationship of Reporting Person(s) to Issuer			
			MANN]	MANNKIND CORP [MNKD]					(Check all applicable)				
(Last)	(First) (I	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)	(State)	(Zip)	Tabl	e I - No	n-D	erivative S	Securi	ties Acq	uired, Disposed o	of, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	ansaction Date 2A. Deemed nth/Day/Year) Execution Date, i any (Month/Day/Yea		Pate, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)					5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	curities Form: Direct Indirect eneficially (D) or Beneficially with a series of the se			
C				Code	V	Amount	(D)	Price	(1113tr. 3 and 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)	Under	, ,	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Securi	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		
						.	.		or		
						Date Exercisable	Expiration Date	Title N	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.

Reporting Owners 2