

**MANKIND CORP**  
Reported by  
**RIESENBERGER JOHN R.**

**FORM 3**  
(Initial Statement of Beneficial Ownership)

Filed 01/23/08 for the Period Ending 01/23/08

|             |   |
|-------------|---|
| Address     | 28903 NORTH AVE PAINE<br>VALENCIA, CA 91355 |
| Telephone   | 6617755300                                  |
| CIK         | 0000899460                                  |
| Symbol      | MNKD  |
| SIC Code    | 2834 - Pharmaceutical Preparations          |
| Industry    | Biotechnology & Drugs                       |
| Sector      | Healthcare                                  |
| Fiscal Year | 12/31                                       |

# FORM 3

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

OMB APPROVAL  
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## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

|  |  |  |
|--|--|--|
| 1. Name and Address of Reporting Person *<br><b>Riesenberger John R.</b> | 2. Date of Event Requiring Statement<br>(MM/DD/YYYY)<br><b>1/23/2008</b>   | 3. Issuer Name <b>and</b> Ticker or Trading Symbol<br><b>MANKIND CORP [MNKD]</b>   |
| (Last) (First) (Middle)<br><b>28903 N. AVENUE PAINE</b>                  | 4. Relationship of Reporting Person(s) to Issuer (Check all applicable)<br><br><input type="checkbox"/> Director <input type="checkbox"/> 10% Owner<br><input checked="" type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below)<br><b>VP &amp; Chief Commercial Officer /</b> |  |
| (Street)<br><b>VALENCIA, CA 91355</b>                                    | 5. If Amendment, Date Original Filed<br>(MM/DD/YYYY)   | 6. Individual or Joint/Group Filing (Check Applicable Line)<br><br><input checked="" type="checkbox"/> Form filed by One Reporting Person<br><input type="checkbox"/> Form filed by More than One Reporting Person |
| (City) (State) (Zip)   |  |  |

### Table I - Non-Derivative Securities Beneficially Owned

| 1. Title of Security<br>(Instr. 4) | 2. Amount of Securities Beneficially Owned<br>(Instr. 4) | 3. Ownership Form: Direct (D) or Indirect (I)<br>(Instr. 5) | 4. Nature of Indirect Beneficial Ownership<br>(Instr. 5) |
|------------------------------------|--|---|--|
|                                    |  |   |  |

### Table II - Derivative Securities Beneficially Owned ( e.g. , puts, calls, warrants, options, convertible securities)

| 1. Title of Derivate Security<br>(Instr. 4) | 2. Date Exercisable and Expiration Date<br>(MM/DD/YYYY) |                 | 3. Title and Amount of Securities Underlying Derivative Security<br>(Instr. 4) |                            | 4. Conversion or Exercise Price of Derivative Security | 5. Ownership Form of Derivative Security: Direct (D) or Indirect (I)<br>(Instr. 5) | 6. Nature of Indirect Beneficial Ownership<br>(Instr. 5) |
|---|---|-----------------|--|----------------------------|--|--|--|
|   | Date Exercisable  | Expiration Date | Title  | Amount or Number of Shares |  |  |  |
|   |   |                 |  |                            |  |  |  |

#### Explanation of Responses:

No securities are beneficially owned.

#### Reporting Owners

| Reporting Owner Name / Address   | Relationships |           |  |       |
|--|---------------|-----------|--|-------|
|  | Director      | 10% Owner | Officer                                  | Other |
| <b>Riesenberger John R.<br/>28903 N. AVENUE PAINE<br/>VALENCIA, CA 91355</b> |               |           | <b>VP &amp; Chief Commercial Officer</b> |       |

#### Signatures

/s/ John R. Riesenberger

1/23/2008

\*\* 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 5(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 control number.