

# **MANKIND CORP**

Reported by  
**TROSS STUART A**

## **FORM 3**

(Initial Statement of Beneficial Ownership)

Filed 03/20/17 for the Period Ending 12/23/16

|             |  |
|-------------|--|
| Address     | 25134 RYE CANYON LOOP<br>SUITE 300<br>VALENCIA, CA 91355 |
| Telephone   | 6617755300   |
| CIK         | 0000899460   |
| Symbol      | MNKD   |
| SIC Code    | 2834 - Pharmaceutical Preparations                       |
| Industry    | Biotechnology & Medical Research                         |
| Sector      | Healthcare   |
| Fiscal Year | 12/31  |

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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 *               |  |  | 2. Date of Event Requiring Statement (MM/DD/YYYY)                       |  | 3. Issuer Name and Ticker or Trading Symbol   |  |  |
| <b>Tross Stuart A</b>                                   |  |  | <b>12/23/2016</b>   |  | <b>MANKIND CORP [MNKD]</b>  |  |  |
| (Last) (First) (Middle)<br><b>25134 RYE CANYON LOOP</b> |  |  | 4. Relationship of Reporting Person(s) to Issuer (Check all applicable) |  |   |  |  |
| (Street)<br><b>VALENCIA, CA 91355</b>                   |  |  | 5. If Amendment, Date Original Filed (MM/DD/YYYY)                       |  | 6. Individual or Joint/Group Filing (Check Applicable Line)   |  |  |
| (City) (State) (Zip)                                    |  |  |   |  | <input checked="" type="checkbox"/> Form filed by One Reporting Person<br><input type="checkbox"/> Form filed by More than One Reporting Person |  |  |

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

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

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

|  |  |                 |   |                            |  |   |   |
|--|--|-----------------|---|----------------------------|--|---|---|
| 1. Title of Derivate Security (Instr. 4) | 2. Date Exercisable and Expiration Date (MM/DD/YYYY) |                 | 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) |                            | 4. Conversion or Exercise Price of Derivative Security | 5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5) | 6. Nature of Indirect Beneficial Ownership (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>Tross Stuart A<br/>25134 RYE CANYON LOOP<br/>VALENCIA, CA 91355</b> |               |           | <b>Corp VP, Chief People Officer</b> |       |

#### Signatures

/s/ **Stuart A. Tross**

**3/17/2017**

\*\*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.