

**MANKIND CORP**  
Reported by  
**BARTON COURTNEY**

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

Filed 08/29/17 for the Period Ending 08/29/17

|             |  |
|-------------|--|
| 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 *<br><b>Barton Courtney</b> | 2. Date of Event Requiring Statement (MM/DD/YYYY)<br><b>8/29/2017</b>   | 3. Issuer Name and Ticker or Trading Symbol<br><b>MANKIND CORP [MNKD]</b>  |
| (Last) (First) (Middle)<br><b>30930 RUSSELL RANCH ROAD</b>          | 4. Relationship of Reporting Person(s) to Issuer (Check all applicable)<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>Chief Compliance Officer /</b> |  |
| (Street)<br><b>WESTLAKE VILLAGE, CA 91362</b>                       | 5. If Amendment, Date Original Filed (MM/DD/YYYY)   | 6. Individual or Joint/Group Filing (Check Applicable Line)<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 (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>Barton Courtney<br/>30930 RUSSELL RANCH ROAD<br/>WESTLAKE VILLAGE, CA 91362</b> |               |           | <b>Chief Compliance Officer</b> |       |

#### Signatures

/s/ **Courtney Barton**

**8/29/2017**

\* 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.