FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

CTATEMENT OF OLIANIOEC IN DENIETIOIAL OM/NIEDOLIII	
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHI	Р

OMB APPROVAL										
l	OMB Number:	3235-0287								
l	Estimated average burde	en								
l	hours per response:	0.5								

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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. Issuer Name <b>and</b> Ticker or Trading Symbol							5.	5. Relationship of Reporting Person(s) to Issuer							
Irish Stephanie Rast						Vanda Pharmaceuticals Inc. [ VNDA ]								(Check all applicable)  Director 10% Ow							
——————————————————————————————————————																(give title		Other (s	·		
I (1 ast) (First) (Middle) I							3. Date of Earliest Transaction (Month/Day/Year)								elow)			below)			
9605 MEDICAL CENTER DRIVE, SUITE 300						12/17/2009								Acting CFO/Treasurer							
							A 16 Assessment Parks of Original Filed (Advertige)								C. Individual or Jaint/Crown Filing (Check Assissable						
(Street)						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)							
ROCKVILLE MD 20850														X Form filed by One Reporting Person							
														Form filed by More than One Reporting Person							
(City)	(S	tate)	(Zip)											·	CIOOII						
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
1. Title of S	Security (Ins	tr. 3)	action		3.		4. Securit	ties Acquire	ed (A) or		Amour		6. Ownership		7. Nature of Indirect						
Date (Month/Da						ay/Year) Execution Date, if any (Month/Day/Year)			Code (Instr. 5)			tr. 3, 4 and	Ber	uritie	ally (D) of sollowing (I) (I		or Indirect nstr. 4)	Beneficial Ownership (Instr. 4)			
									7) 8)					Reported							
									Code	V	Amount	(A) or (D)	Price	Transact (Instr. 3 a		nd 4)					
		-	ive S	Seci	urities A	Acqı	uired, Di	spc	sed of,	or Bene	eficially	/ Own	ed								
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																					
1. Title of	2.	3. Transaction	3A. Deemed	. 4.					6. Date Exercisa			7. Title an				9. Numbe		10.	11. Nature		
Security or Exercise (Month/Day/Year) if any			Execution Da		ransaction code (Instr.		Derivative (		(Month/Day/Year)			of Securities Underlying		Derivativ Security		derivative Securities	Form:		Beneficial		
(Instr. 3) Price of Derivative Security (Month/Day/Year) 8				)		Securiti Acquire		Derivative Secu (Instr. 3 and 4)					(Instr.	5)	Beneficially Owned		Direct (D) or Indirect	Ownership (Instr. 4)			
					(A) or Disposed										Following Reported		(I) (Instr. 4)				
						of (D) (Instr. 3, 4 and 5)										Transaction(s) (Instr. 4)					
					$\neg$						Amount	1									
													or Number								
				c	ode	v	(A)		Date Exercisable		xpiration ate	Title	of Shares								
Employee										T				Ì							
Stock Option	\$10.65	12/17/2009			A		70,000		(1)	1	2/16/2019	Common Stock	70,000	\$0.0	00	70,000	0	D			
(right to buy)												Diock									

## **Explanation of Responses:**

1. The option vests in 48 equal monthly installments beginning on January 17, 2010.

## Remarks:

/s/ Stephanie R. Irish \*\* Signature of Reporting Person 12/17/2009

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 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).

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 Number.