FORM 4

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

Washington, D.C. 20549

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

## T OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** OMB Number: Estimated average burden hours per response: 0.5

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*  Baroldi Paolo  (Last) (First) (Middle)  9605 MEDICAL CENTER DRIVE							Issuer Name and Ticker or Trading Symbol     Vanda Pharmaceuticals Inc. [ VNDA ]      One of Earliest Transaction (Month/Day/Year)     01/30/2007								Relationship of Reporting Person(s) to Issuer Check all applicable)  Director 10% Owner  X Officer (give title below) Other (specify below)  Chief Medical Officer				
SUITE 300  (Street)  ROCKVILLE MD 20850					4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(5		(Zip)	-Deriv	/ativ	- Se	curities	<u>Α</u>	nuired F	)iei	nosed o	of or Re	neficial	ly Owner	·				
1. Title of Security (Instr. 3) 2. Trans			action			Transaction Disposed Of (I Code (Instr. 5)		ties Acquired (A) or d Of (D) (Instr. 3, 4 and		5. Amount of		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)					
		•	Table II -						uired, Dis , options			or Ben			anu 4)	<u> </u>			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date,	4. Transa Code (I 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisa Expiration Date (Month/Day/Yea		of Securities		ies g Security	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)		Date Exercisable		xpiration vate	Title	Amount or Number of Shares						
Non- Qualified Stock Option (Right to Buy)	\$30.65	01/30/2007			A		70,000		(1)	0	1/30/2017	Common Stock	70,000	\$0.00	70,00	0	D		

## **Explanation of Responses:**

1. Exercisable after 2/28/2007 each month with respect to 2.0833% of the aggregate option share total. Option will become fully vested in the event of an involuntary termination following a change of control.

## Remarks:

/s/ Paolo Baroldi

01/31/2007

\*\* 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 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.