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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL				
OMB Number:	3235-0287			
Estimated average burden				

Estimated average burden	
hours per response:	0.5

1. Name and Address of Reporting Person [*] CARE CAPITAL II LLC			2. Issuer Name and Ticker or Trading Symbol <u>Vanda Pharmaceuticals Inc.</u> [VNDA]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner					
(Last) 47 HULFISH ST SUITE 310	(First) TREET	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 11/17/2006	Officer (give title Other (specify below) below)					
(Street) PRINCETON	NJ (State)	08542 (Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year) 11/21/2006	6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									

2A. Deemed Execution Date, if any (Month/Day/Year) 3. Transaction Code (Instr. 8) 7. Nature of Indirect Beneficial Ownership (Instr. 4) 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) 6. Ownership Form: Direct 1. Title of Security (Instr. 3) 2. Transaction 5. Amount of Date Securities (Month/Day/Year) Beneficially (D) or Indirect (I) (Instr. 4) Owned Following Reported Transaction(s) (Instr. 3 and 4) (A) or (D) Code v Amount Price See \$3,129,539 Common Stock 11/17/2006 S 252,666 D \$14.25 I Footnote⁽¹⁾ See 11/17/2006 17,334 \$14.25 \$214,666 I **Common Stock** S D Footnote⁽²⁾ See **Common Stock** 11/20/2006 S 46,790 D \$15.29 \$3,082,749 I Footnote⁽¹⁾ See Common Stock 11/20/2006 s 3,210 D \$15.29 \$211,456 I

			11/ 00/						5,210		+101		11,100	-	Footnote ⁽²⁾
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)															
	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		5. Number of		Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
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1. Name and Address of Reporting Person*

CARE CAPITAL II LLC

(Last)	(First)	(Middle)	
47 HULFISH ST	REET		
SUITE 310			
(Street)			
PRINCETON	NJ	08542	
(City)	(State)	(Zip)	
1. Name and Addres	s of Reporting Pers	on [*]	
CARE CAPIT	AL INVEST	<u>MENTS II LP</u>	
(Last)	(First)	(Middle)	
47 HULFISH ST	REET		
SUITE 310			
SUITE 310 (Street)			
,	NJ	08542	

(City)	(State)	(Zip)			
1. Name and Address of Reporting Person [*] Care Capital Offshore Investments II LP					
(Last) 47 HULFISH STRI SUITE 310	(First) EET	(Middle)			
(Street) PRINCETON	NJ	08542			
(City)	(State)	(Zip)			
1. Name and Address of LESCHLY JAN					
(Last) 47 HULFISH STRI SUITE 310	(First) EET	(Middle)			
(Street) PRINCETON	NJ	08542			
(City)	(State)	(Zip)			

Explanation of Responses:

1. The reportable securities are owned directly by Care Capital Investments II, L.P. and indirectly by Care Capital II, LLC as general partner of Care Capital Investments II, L.P. Care Capital II, LLC disclaims beneficial ownership of the reportable securities and this report shall not be deemed an admission that Care Capital II, LLC is the beneficial owner of such securities for purposes of Section 16 or for any other purpose, except to the extend of its pecuniary interest therein. Jan Leschly is a managing member of Care Capital II, LLC. Mr. Leschly disclaims beneficial ownership of the reportable securities and this report shall not be deemed an admission that Care Capital II, LLC. Mr. Leschly disclaims beneficial ownership of the reportable securities and this report shall not be deemed an admission that he is the beneficial owner of such securities for purposes of Section 16 or for any other purpose, except to the extend of his pecuniary interest therein.

2. The reportable securities are owned directly by Care Capital Offshore Investments II, L.P. and indirectly by Care Capital II, LLC as general partner of Care Capital Offshore Investments II, L.P. Care Capital II, LLC disclaims beneficial ownership of the reportable securities and this report shall not be deemed an admission that Care Capital II, LLC is the beneficial owner of such securities for purposes of Section 16 or for any other purpose, except to the extend of its pecuniary interest therein. Jan Leschly is a managing member of Care Capital II, LLC. Mr. Leschly disclaims beneficial ownership of the reportable securities and this report shall not be deemed an admission that for purposes of Section 16 or for any other purpose, except to the extend of its pecuniary interest therein.

Remarks:

* This amendment is being filed to correct the amount of securities beneficially owned following the reported transaction."

<u>/s/ David R. Ramsay,</u> <u>Authorized Signatory</u>

11/22/2006

Date

** Signature of Reporting Person

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.