FORM 4

Check this box if no longer subject to

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

Washington, D.C. 20549

<b>STATEMENT</b>	OF CHANGES	IN BENEFICIAL	<b>OWNERSHIP</b>
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**OMB APPROVAL** OMB Number: Estimated average burden hours per response: 0.5

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

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Name and Address of Reporting Person*				2. Issuer Name and Ticker or Trading Symbol  Vanda Pharmaceuticals Inc. [VNDA]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
<u>Irish Stephanie Rast</u>			-	variou i narmaceuticais me. [ vnDA ]									Directo			10% Ov	· I		
				3 [	3. Date of Earliest Transaction (Month/Day/Year) 05/22/2009								X	Officer below)	(give title		Other (s	pecify	
(Last) (First) (Middle) 9605 MEDICAL CENTER DRIVE, SUITE 300													,	cting CF	O/Tr	easurer			
														J					
				4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
(Street)														Line)			_		
ROCKV	ILLE M	<b>ID</b>	20850											X		•		orting Perso	
-	,												Form filed by More than One Reporting Person						
(City)	(S	State)	(Zip)																
		Tab	le I - Non-	-Deriva	ative	e Se	curities	Ac	quired, I	Disp	osed o	f, or Be	nefic	ially	Owned				
1. Title of Security (Instr. 3) 2. Transac					action				3.				ed (A) d	or .	5. Amoui				7. Nature
Date (Month/D				ay/Year)   if an		Execution Date, f any		Code (Instr.   5)			ed Of (D) (Instr. 3, 4		Beneficia Owned F Reported		ally (D) o Following (I) (In		or Indirect (Instr. 4)	of Indirect Beneficial Ownership (Instr. 4)	
					(Month/Day/Year)		r) 8)			_									
							Code	V	Amount	(A) or (D)	r Pri	ce	Transact (Instr. 3 a						
Toble II. Downsel					ivo	Sac	uritios	Λcαι	uired Di	sn/	sed of	or Bon	oficia	lly C	Jwned				
	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.			5. Numb	oer	6. Date Exe	ercisa	able and	7. Title an	d Amo	unt 8	3. Price of	9. Numbe	r of	10.	11. Nature
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution Da		ransa ode (I				Expiration Date of Securitie (Month/Day/Year) Underlying			ies	1	Derivative Security	derivative Securities		Ownership	of Indirect Beneficial	
(Instr. 3) Price of		(Month/Day/Tear)	(Month/Day/\				Securities `		Derivativ			Derivative	Secur		Instr. 5)			Direct (D)	) Ownership
	Derivative Security					Acquired (A) or		(Instr. 3 and 4)				na 4)			Following		or Indirect (In	(Instr. 4)	
							Disposed of (D) (Instr.									Reported Transaction(s)			
.				3, 4 and 5)							_		(Instr. 4)						
													Amou or	ınt					
									Date	_	xpiration		Numb	oer					
				c	ode	٧	(A)	(D)	Exercisabl		ate	Title	Share	es					
Employee										T									
Stock Option	\$12.55	05/22/2009			A		95,000		(1)	0	5/21/2019	Common Stock	95,0	00	\$0.00	95,000	0	D	
(Right to												Stock							

## **Explanation of Responses:**

1. The option vests each month with respect to 2.0833% of the aggregate option share total.

## Remarks:

/s/ Stephanie R. Irish 05/27/2009

\*\* 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.