FORM 4

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

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPROVAL										
	OMB Number:	3235-0287									
l	Estimated average burden										
I	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*  Polymeropoulos Mihael Hristos  (Last) (First) (Middle)  9605 MEDICAL CENTER DRIVE  SUITE 300  (Street)  ROCKVILLE MD 20850  (City) (State) (Zip)					2. Issuer Name and Ticker or Trading Symbol Vanda Pharmaceuticals Inc. [VNDA]  3. Date of Earliest Transaction (Month/Day/Year) 12/06/2011  4. If Amendment, Date of Original Filed (Month/Day/Year)						(Che X X X 6. Inc Line)	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner  X Officer (give title Other (specify below)  President and CEO  5. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person  Form filed by More than One Reporting Person				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned  1. Title of Security (Instr. 3)  2. Transaction  2. Deemed  3. 4. Securities Acquired (A) or 5. Amount of 6. Ownership 7. Nature of 6. Ownership 7. Ownership 7. Nature of 6. Ownership 7. Nature of 6. Ownership 7. Nature of 6. Ownership 7. Ownership													7. Nature of			
Date (Month/D					Day/Year) Execution Date, if any (Month/Day/Year)		Code (Ins	tr.	(4) 0		Securities Beneficia Owned Fo Reported Transactio (Instr. 3 a	lly ollowing (I on(s)	Form: Direct D) or Indirect I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code	5. Number of Derivative Securities Acquired (A or Disposed of (D) (Instr. 3, 4 and 5)		e s I (A) sed str.	6. Date Exerc Expiration D (Month/Day/	ate	of Securit Underlyin Derivative	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	,		
Employee Stock Option (Right to Buy)	\$4.88	12/06/2011		A		150,000		(1)	12/05/2021	Common Stock	150,000	\$0.00	150,000	D		
Restricted Stock Units	(2)	12/06/2011		A		50,000		(3)	(4)	Common Stock	50,000	\$0.00	50,000	D		

## Explanation of Responses:

- 1. The option vests in 48 equal monthly installments beginning on January 6, 2012.
- 2. Each Restricted Stock Unit represents a contingent right to receive a share of the Issuer's common stock.
- 3. The Restricted Stock Units vest in four equal annual installments beginning January 1, 2013. Vested shares will be delivered on the First Permissable Trading Day (as defined in the Restricted Stock Unit Agreement) that occurs on or after the day when the Restricted Stock Units vest.
- 4. Not Applicable.

## Remarks:

/s/ Mihael Polymeropoulos

12/07/2011

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.