FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

wasnington, D.C. 20549	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-02		

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## 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	Sectio	n 30(h)	of the i	Investme	ent Co	ompany Act	of 1940	)						
	and Address of Reporting Person*  2. Issuer Name and Ticker or Trading Symbol Vanda Pharmaceuticals Inc. [VNDA]  5. Relationship of Reporting Person(s) to (Check all applicable) Vanda Pharmaceuticals Inc. [VNDA]								( )											
(Last) (First) (Middle) 47 HULFISH STREET					3. Date of Earliest Transaction (Month/Day/Year) 11/17/2006									X Director Officer (give title below)			10% ( Other below	(specify		
SUITE 3	10						Amer 21/20		Date o	of Origin	al File	d (Month/Da	ay/Year	)		Individua ne)	l or Joint/Gro	oup Fil	ling (Check A	Applicable
(Street) PRINCE	TON N	IJ	C	8542		.   11/	21/2(	700								X Fo	orm filed by C orm filed by N erson			
(City)	(5	State)		Zip)																
			Tabl	e I - No	on-Deriv	ative	Sec	uritie	s Ac	quired	l, Di	sposed o	f, or	Bene	ficia	lly Ow	ned			
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Yea		Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 a				nd 5) Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
										Code	v	Amount	(A) (D)	or P	rice		rted saction(s) . 3 and 4)			(Instr. 4)
Common	Stock				11/17/	2006				S		252,666	I	)	314.2	5 3,	129,539		T I	See Footnote <sup>(1)</sup>
Common	Stock				11/17/	2006				S		17,334	I	)	514.2	5 2	14,666			See Footnote <sup>(2)</sup>
Common	Stock				11/20/	2006				S		46,790	I	9	315.2	9 3,	082,749			See Footnote <sup>(1)</sup>
Common	Stock				11/20/	2006				S		3,210	I	) \$	315.2	9 2	11,456			See Footnote <sup>(2)</sup>
			Та	ble II -								osed of, convertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversior or Exercise Price of Derivative Security			if any	med on Date, Day/Year)	4. Transa Code ( 8)				6. Date Expirat (Month	ion Da				1 5	8. Price of Derivative Security (Instr. 5)		e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
						Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	or Num of Shar						

## 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. The reporting person is a managing member of Care Capital II, LLC. The reporting person 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 extent of its 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. The reporting person is a managing member of Care Capital II, LLC. The reporting person 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 extent of its pecuniary interest therein.

## Remarks:

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

/s/ David R. Ramsay 11/22/2006

\*\* 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.