FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-028								
Estimated average b	ourden								

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

hours per response: 0.5

1. Name and Address of Reporting Person* KARABELAS ARGERIS N						2. Issuer Name and Ticker or Trading Symbol Vanda Pharmaceuticals Inc. [VNDA]								(Cr	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) 47 HULE	FISH ST	(Firs	, , ,				3. Date of Earliest Transaction (Month/Day/Year) 11/22/2006									X Officer (give tit below)				(specify
SUITE 3	10					\perp														
(Street)	Street) PRINCETON NJ 08542				- 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								Lin	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting					
(City)		(Sta	ite) (Zip)												Person				
			Tabl	e I - No	on-Deriv	ative	Sec	uritie	s Ac	quired	d, Dis	sposed o	f, or	Bene	ficial	ly Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					Execution //Year) if any		ution Date,	3. Transa Code (8)		curities Acquired (A) o osed Of (D) (Instr. 3, 4 a			Securit Benefic Owned	5. Amount of Securities Beneficially Owned Following		n: Direct	7. Nature of Indirect Beneficial Ownership			
										Code	v	Amount	(A) (D)	or P	rice		action(s) 3 and 4)			(Instr. 4)
Common	Stock	ock 11/22/2006 s 280,740 D \$14.12 2,755,2					55,219		T I	See Footnote ⁽¹⁾										
Common Stock 11			11/22/	2006				S		19,260	I	\$	514.12	2 18	188,986			See Footnote ⁽²⁾		
			Та	ble II -								osed of, convertib				Owned				
1. Title of Derivative Security (Instr. 3)	2. Convers or Exerc Price of Derivativ Security	ise	s. Transaction Date Month/Day/Year)	if any	med on Date, Day/Year)	4. Transa Code (8)				6. Date Expirat (Month	ion Da		7. Title and Amount of Securities Underlying Derivative Security (Ir and 4)		tr. 3	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)
						Code	v	(A)	(D)	Date	ahle	Expiration	Title	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.

/s/ Argeris N. Karabelas 11/27/2006

** 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.