FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	Washington, D.0

OMB APPROVAL							
OMB Number:	3235-0287						
Estimated average t	burden						

Check this box if no longer subject to

(First)

U0

(State)

1. Name and Address of Reporting Person*

(Last)

#09-01

(Street) **CENTROS**

(City)

20 BIOPOLIS WAY

(Middle)

138668

(Zip)

🜙 obligati	16. Form 4 or ons may contir tion 1(b).			File							ırities Exchanç Company Act o		f 1934					sponse:	0.5
. Name and Address of Reporting Person* Biomedical Sciences Investment Fund Pte Ltd.						2. Issuer Name and Ticker or Trading Symbol Vanda Pharmaceuticals Inc. [VNDA]								Check all D	X		10%	Issuer Owner (specify	
(Last)	(Fi	•	(Middle)	1			of Earlies 2006	st Tran	saction	(Mon	th/Day/Year)				elow)	0 1.1.0		belov	
#09-01	OLIO WIII				4. It	f Ame	endment	, Date	of Orig	inal Fil	led (Month/Da	ıy/Year)		6. Individu	al or Joint	/Grou	p Filin	g (Check	Applicable
Street)	OS U	0 :	13866	3										, X F	orm filed form filed Person	•			
(City)	(SI	tate)	(Zip)																
			le I - N	1		_		_	_	d, D	isposed o	-						t:	7 Notono
Da			Date	Transaction ate Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)			Acquired (A) or (D) (Instr. 3, 4 and		5) Sec Ben Owr	mount of urities eficially ned Follow orted	s F ally (I following (I		nership Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) or (D)	Price	Tran	nsaction(s tr. 3 and 4				
Common Stock 11/17/2				11/17/20	006	06			S		50,000	D	\$14.3	02 2	2,496,957		I (1)		See Footnote
Common	Stock			11/20/20	006				S		50,000	D	\$15.73	354 2	2,446,95	7		[(1)	See Footnote
		Ta	able II								posed of, convertib				ed				
. Title of perivative ecurity nstr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)				6. Date Exerc Expiration D (Month/Day/		rcisable and 7. Title and Amount of		and it of ies ying iive	8. Price Derivati Security (Instr. 5)	derivative Security S			.0. Ownership Form: Direct (D) or Indirect I) (Instr. 4)	Beneficia Ownersh (Instr. 4)
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amount or Number of Shares						
		Reporting Person*	ent F	und Pte L	<u>≀td.</u>														
(Last) 20 BIOP (#09-01	OLIS WAY	(First)	1)	∕iddle)		_													
Street)	os	U0	1	38668															
(City)		(State)	(Z	Zip)															
	nd Address of e Capital	Reporting Person* Pte Ltd.																	

EDB Investments Pte Ltd.						
(Last) 20 BIOPOLIS V	(First) WAY	(Middle)				
(Street) CENTROS	U0	138668				
(City)	(State)	(Zip)				

Explanation of Responses:

1. Securities owned directly by BioMedical Sciences Investment Fund Pte Ltd. These securities may be deemed to be beneficially owned by Bio*One Capital Pte Ltd ("Bio*One"), the fund manager of BioMedical Sciences Investment Fund Pte Ltd ("BSIF") and EDB Investments Pte Ltd ("EDBI"), the parent company of BSIF and Bio*One. Each of Bio*One and EDBI disclaims beneficial ownership of the reported securities except to the extent of its pecuniary interest therein, and this report shall not be deemed an admission that Bio*One or EDBI is the beneficial owner of the securities for any purpose, except to the extent of its pecuniary interest therein.

Remarks:

/s/ Sim Sze Kuan Attorney in
Fact for Biomedical Sciences
Investment Fund Pte Ltd
Sim Sze Kuan Attorney in Fact
for Bio*One Capital Pte Ltd
Sim Sze Kuan Attorney in Fact
for EDB Investments Pte Ltd
** Signature of Reporting Person

11/21/2006
11/21/2006
11/21/2006
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.