FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL							
OMB Number:	MB Number: 3235-0104						
Estimated average burden							
hours per response:	0.5						

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Baroldi Paolo	Date of Event equiring Stater Month/Day/Year 4/15/2013	nent -	3. Issuer Name and Ticker or Trading Symbol Vanda Pharmaceuticals Inc. [VNDA]							
(Last) (First) (Middle) 2200 PENNSYLVANIA AVENUE			Relationship of Reporting Person (Check all applicable) Director	10% Owne	r (Mor	5. If Amendment, Date of Original Filed (Month/Day/Year)				
SUITE 300E			X Officer (give title below) SVP & Chief Medica	Other (spe- below)	Appl	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person				
(Street) WASHINGTON DC 20037			ovi a oner medea	. Omeer			y More than One			
(City) (State) (Zip)										
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)			eneficially Owned (Instr. 4)			Nature of Indirect Beneficial Ownership str. 5)				
Common Stock			14,125	D						
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable Expiration Date (Month/Day/Year)		ate	nd 3. Title and Amount of Securities Underlying Derivative Security (Ins		4. Conversion or Exercise Price of		6. Nature of Indirect Beneficial Ownership (Instr. 5)			
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Derivative Security	or Indirect (I) (Instr. 5)				
Stock Option (Right to Buy)	(1)	12/06/2022	Common Stock	10,000	3.12	D				

Explanation of Responses:

1. This option vests and becomes exercisable in 48 equal monthly installments beginning January 7, 2013, provided Reporting Person provides continuous service to the Issuer through the last day of each monthly period.

Remarks:

<u>/s/ Paolo Baroldi</u> <u>04/17/2013</u>

** 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 5 (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.