FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | |
|----------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average bu | urden | | | | | | | | |

0.5

hours per response:

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 | | | | | | | 2. Issuer Name and Ticker or Trading Symbol Vanda Pharmaceuticals Inc. [VNDA] | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
|---|---|--|--|-----------------------------------|---------|-----------------|---|-------------------------|---|------------|--|---|------|---------------|-------------------------|---|---|---|--|--|------------|--|
| (Last) (First) (Middle) 9605 MEDICAL CENTER DRIVE SUITE 300 | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/11/2008 | | | | | | | | | | X Officer (give title Other (specif below) below) Chief Executive Officer | | | | | |
| (Street) ROCKVILLE MD 20850 (City) (State) (Zip) | | | | | | - 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| | | | Tabl | e I - Nor | n-Deriv | ative | Se | curiti | es Ac | quired | , Dis | posed o | f, o | r Ber | efic | ially | Owne | ed | | | | |
| Date | | | | 2. Trans Date (Month/I | | ar) i | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5) | | | | 4 and Sec Ben Owi | | ount of ties cially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | | Code | v | Amount | | (A) or (D) | Pric | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | |
| Common Stock 08/11/ | | | | | /2008 | 2008 | | | P | | 8,600 A | | \$1 | .16 | 5 190,600 | | Γ |) | | | | |
| Common Stock 08/11/3 | | | | | | /2008 | 2008 | | | P | | 35,000 | | A | \$1 | \$1.15 | | 225,600 | |) | | |
| Common Stock 08/11/2 | | | | | | /2008 | 2008 | | P | | 61,857 | | A | \$1.14 | | 287,457 | | D | | | | |
| Common Stock 08/11/ | | | | | | L/ 200 8 | 3 | | | P 12,543 A | | \$1 | .13 | 300,000 | | I |) | | | | | |
| | | | Та | | | | | | | | | sed of, onvertib | | | | | wned | | , | | | |
| 1. Title of Derivative Security (Instr. 3) | ivative Conversion Date Execution (Month/Day/Year) if any | | 3A. Deem Execution if any (Month/Da | n Date, Transaction Code (Inst | | Instr. | of Der Sec Acc (A) Dis of (| oosed D) tr. 3, 4 | 6. Date I Expiration (Month/II) Date Exercise | on Date | | Amount of Securities Underlying Derivative Security (In and 4) | | nstr. 3 | Der Sec | rice of ivative urity tr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owi Fori Dire or II (I) (I | nership n: ct (D) ndirect nstr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

Remarks:

/s/ Mihael H. Polymeropoulos 08/12/2008

** 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.