FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

- 1										
	OMB Number:	3235-0287								
	Estimated average burden									
	hours nor response:	0.5								

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

Name and Address of Reporting Person* KARABELAS ARGERIS N					2. Issuer Name and Ticker or Trading Symbol Vanda Pharmaceuticals Inc. [VNDA]							(Che	S. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner Officer (give title Other (specify))				
(Last) 47 HULFI SUITE 310	(Firs SH STREE 0	,	⁄liddle)	05/1	3. Date of Earliest Transaction (Month/Day/Year) 05/16/2007								below)			below)	
(Street) PRINCET	ON NJ	te) (Z	8542 ^{Zip)} e I - Non-Deri	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing Line) X Form filed by One Report Form filed by More than Person erivative Securities Acquired, Disposed of, or Beneficially Owned							Repo	rting Person					
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					2A. Deemed Execution Date,			3. 4. Securities Acquired (A) o Transaction Code (Instr. 5)			l (A) or	5. Amoun Securities Beneficia Owned Fo	s For lly (D) ollowing (I) (I		Direct I Indirect E str. 4)	'. Nature of ndirect Beneficial	
		Code V Amount (A) or (D) Price Reported Transaction(s) (Instr. 3 and 4)						on(s)			Instr. 4)						
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year) if	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		of		6. Date Exercisa Expiration Date (Month/Day/Year		e of Securities		es J Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Ownersh Form: Direct (D or Indire (I) (Instr.	Ownership	Beneficial Ownership t (Instr. 4)
				Code	v	(A)	(D)	Date Exercisabl		Expiration Date	Title	Amount or Number of Shares					
Nonstatutory Stock Option (Right to Buy)	\$19.59	05/16/2007		A		14,037		(1)		05/15/2017	Common Stock	14,037	\$0.00	14,037	,	I	*(2)
Nonstatutory Stock Option (Right to Buy)	\$19.59	05/16/2007		A		963		(1)		05/15/2017	Common Stock	15,000	\$0.00	15,000		I	*(3)

Explanation of Responses:

- 1. Exercisable after June 16, 2007 each month with respect to 8.334% of the shares subject to the option.
- 2. 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 purposes, expect to the extent of his pecuniary interest therein.
- 3. 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 purposes, expect to the extent of his pecuniary interest therein.

Remarks:

/s/Argeris N. Karabelas

05/1<u>7/2007</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 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.