FORM 5

Check this box if no longer subject to

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL

OWNERSHIP

| isnington, D.C. 20549 | |
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| | |

| OMB APPROVAL | | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0362 | | | | | | | | | |
| Estimated average burden | | | | | | | | | | |
| hours per response: | 1.0 | | | | | | | | | |

Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b)

Form 3 Holdings Reported.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

| Form 4 | Transactions R | Reported. | or Section | 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] | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | | |
| | | | | = | | | | | | | O#:- | er (give title | e. | | r (specify | | |
| (Last) | (Fir | rst) (I | Middle) | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) | | | | | | | | Х | below) | | | belo | |
| 9605 MEDICAL CENTER DRIVE | | | | 12/31/20 | 12/31/2009 | | | | | | President and CEO | | | | | | |
| SUITE 300 | | | | | | | | | | | | | | | | | |
| (Ctus at) | | | | 4. If Amen | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) ROCKVI | LLE MI | n 2 | 20850 | | | | | | | | | X Form filed by One Reporting Person | | | | | |
| ROCKVILLE WID 20030 | | | | | | | | | | | | n filed by M | lore th | an One Re | eporting | | |
| (City) | (Sta | ate) (2 | Zip) | | Person | | | | | | | | | | | | |
| | | Tabl | e I - Non-Deriv | ative Sec | uritie | es Ac | quire | ed, Di | sposed | of, or | Benefici | ially | / Owne | ed | | | |
| Date (Month/Day/Year) | | | Execution Date, if any | | 3. Transaction Code (Instr. | | | | | or Disposed | Securit Benefic | | ties O cially Fe | | ership n: Direct | 7. Nature of Indirect Beneficial Ownership | |
| | | | | (Month/Day/Tear) | | | | Amour | nt | (A) or (D) Price | | Issuer' | | s Fiscal Ìndi | | | (Instr. 4) |
| Common Stock 12/15/200 | | | 12/15/2009 | | G | | ì | 20 | ,000 | D | D \$0.00 | | 405,000 | | | D | |
| 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 | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) | Transaction of Expi Code (Instr. Derivative (Mor | | | ate Exercisable and iration Date nth/Day/Year) To represent the first and Amount of Securities Underlying Derivative Security (Instrand 4) | | unt of rities rlying rative rity (Instr. 3 | 8. Price of Derivative Security (Instr. 5) | | | | 10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | |
| | | | | | (A) | (D) | Date Exer | cisable | Expiratior Date | Title | Amount or Number of Shares | | | | | | |

Explanation of Responses:

Remarks:

02/08/2010 /s/ Mihael H. Polymeropoulos

** Signature of Reporting Person

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.