FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APP	PROVAL
MEDCHID	OMB Number:	3235-028

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

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OMB Number: 3235-0287							
Estimated average burden							
hours per response:	0.5						

1. Name and Address of Reporting Person*  Polymeropoulos Mihael Hristos						2. Issuer Name <b>and</b> Ticker or Trading Symbol  Vanda Pharmaceuticals Inc. [VNDA]									Check a	II app	olicable) ctor	ng Person	Person(s) to Issuer  10% Owner	
(Last) (First) (Middle) 9605 MEDICAL CENTER DRIVE SUITE 300						3. Date of Earliest Transaction (Month/Day/Year) 12/16/2008									X Officer (give title below) Other (specify below)  Chief Executive Officer					
(Street) ROCKV			20850 (Zip)		- 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							. Individ ine) X	,						
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Trans. Date (Month/I				Exe ay/Year) if a		A. Deemed xecution Date, any Month/Day/Year)		Transaction Dispose Code (Instr.		ties Acquired (A) I Of (D) (Instr. 3, 4			1 and 5) Secu Bene		cially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A) or (D) Pri		Price			action(s) 3 and 4)			,
Restricted Common Stock 12			12/16	6/2008				A		150,000	150,000 <sup>(1)</sup> A		\$0.	00 500,000		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  Security  3. Transaction Date (Month/Day/Year)  (Month/Day/Year)  3. Transaction Date (Month/Day/Year)  Execution If any (Month/Day)				n Date,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)					9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Own Forn Direc or In (I) (Ir	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
							(A) (D)				Expiration Date	Amour or Numbe of Title Shares		nber	r					

## **Explanation of Responses:**

1. These shares are represented by restricted stock units. 50% of such shares vest upon approval by the FDA of the NDA for iloperidone, Vanda Pharmaceuticals Inc.'s lead product candidate, and 50% of such shares vest on December 31, 2009. Upon a change of control of Vanda Pharmaceuticals Inc., 100% of the unvested restricted stock units will vest upon the consummation of the change in control.

## Remarks:

/s/ Mihael H. Polymeropoulos 12/18/2008

\*\* 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.