FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APP	ROVAL
1	OMB Number	2225.02

OMB Number: 3235-0287 Estimated average burden hours per 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(b) of the Investment Company Act of 1940

												· ,								
1. Name and Address of Reporting Person*  Kelly James Patrick						2. Issuer Name <b>and</b> Ticker or Trading Symbol  Vanda Pharmaceuticals Inc. [VNDA]										neck all appl Direct	cable)	g Person(s) to Is: 10% O Other (		vner
(Last) (First) (Middle) 2200 PENNSYLVANIA AVENUE SUITE 300E					3. Date of Earliest Transaction (Month/Day/Year) 07/29/2013											below SV	P, CFO, S	below) CFO, Sec & Treasurer		
(Street) WASHINGTON DC 20037  (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)										Lin	Individual or Joint/Group Filing (Check Applicable ne)  X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(3				<u>                                     </u>						_				<u> </u>					
		Tab	le I - Non	-Deriv	ative	Sec	uriti	es Ac	<u> </u>		isp	osed	of, or	Ben	eficial	ly Owner	d ———			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)						ar) E	A. Deemed Execution Date, fany Month/Day/Year)		t, Tr	Code (Instr. 5)						Benefic	ies Fe cially (E Following (I)		n: Direct r Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									C	ode \	/	Amount	()	A) or D)	Price	Transac (Instr. 3	ction(s)			(11341. 4)
Common	Common Stock 0			07/29	9/2013					M		9,37	75 A		(1)	32	32,164		D	
		T	able II - I									sed of onverti				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	Code (Inst				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	cisable		opiration	Title	O N O	lumber					
Restricted Stock Unit	(1)	07/29/2013			М			9,375	(	(2)		(3)	Comm		9,375	\$0.00	9,375		D	

## **Explanation of Responses:**

- $1. \ Each \ Restricted \ Stock \ Unit \ ("RSU") \ represents \ a \ contingent \ right \ to \ receive \ a \ share \ of \ the \ Issuer's \ common \ stock.$
- 2. As reflected in Table I of this Form 4, 50% of the original RSU award vested on July 29, 2013 upon acceptance by the U.S. Food and Drug Administration of the Issuer's New Drug Application Filing for tasimelteon for the treatment of Non-24-Hour Disorder. The remaining unvested portion of the RSU award shall vest in four equal annual installments beginning January 1, 2014, provided the Reporting Person remains continuously employed by the Issuer through the applicable vesting date. Vested shares will be delivered on the First Permissible Trading Day (as defined in the RSU Agreement) that occurs on or after the day when the RSUs vest.
- 3. Not Applicable.

## Remarks:

/s/ James Patrick Kelly 07/29/2013

\*\* 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.