\Box

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

4401 EASTGATE MALL

CA

92121

(Street) **SAN DIEGO**

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

7. Nature of Indirect Beneficial Ownership (Instr. 4)

By LP⁽¹⁾

11. Nature of Indirect Beneficial Ownership (Instr. 4)

	tions may contir ction 1(b).	nue. See		File								ties Exchan			34			h	ours pe	er response	:	0
		Reporting Person*			2. Iss	uer N	lame a	and Tic	cker	or Trac	ling	Symbol		940				ip of Rep	orting	Person(s)	to Is	suer
TANG KEVIN C					Vall	Vanda Pharmaceuticals Inc. [VNDA]											Director			X 10% C		
(Last) (First) (Middle) 4401 EASTGATE MALL					3. Date of Earliest Transaction (Month/Day/Year) 11/07/2008											Offic belo	cer (give t w)	title	Othe below		specify	
(Ctt)					4. If A	men	dment	, Date	of O	riginal	File	d (Month/Da	ay/Ye	ear)		6. Indiv Line)	vidual c	or Joint/G	Froup F	Filing (Che	ck A	pplicable
(Street) SAN DI	EGO CA	A :	92121													X	Forn	n filed by		Reporting than One		
(City)	(St	ate)	(Zip)														Pers	son				
		Tab	le I - No						_		Dis	sposed o										
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					Exe if ar	2A. Deemed Execution Date, if any (Month/Day/Year)		TI C	3. Transaction Code (Instr. 8)		Disposed Of		Acquired (A) o (D) (Instr. 3, 4 a		and 5) Seco Ben Owr		mount of urities eficially ed Following orted		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indired Beneficia Ownersh (Instr. 4)	
									С	ode	v	Amount		(A) or (D)	Price	е	Trans (Instr.	action(s) 3 and 4)			_	
Common	Stock			11/07	7/2008					P		560,000	0	A	\$0.8	8291	3,5	520,852	2	I ⁽¹⁾		By LP
		Ta	able II -									osed of, convertib					wned					
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)				Ex	6. Date Exercis Expiration Date (Month/Day/Yea		ite	Am Sec Und Der Sec	T. Title and Amount of Securities Inderlying Derivative Security (Instr and 4)		Deri Seci (Inst	rice of ivative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(: (Instr. 4)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	D) ect	Beneficia Ownersh (Instr. 4)
					Code \	,			Da Ex	ate kercisak	ole	Expiration Date	Title	or Nur of	nount mber ares	er						
	nd Address of	Reporting Person*	•		, ,									,				•		•		
(Last) 4401 EA	STGATE M	(First)	(Mic	ddle)		-																
(Street)	EGO	CA	921	121																		
(City)		(State)	(Zip)																		
		Reporting Person*		LLC																		
(Last) 4401 EA	STGATE M	(First)	(Mic	ddle)		-																
(Street)	EGO	CA	921	121																		
(City)		(State)	(Zip)																		
		Reporting Person*																				
(Last)		(First)	(Mic	ddle)																		

(City) (State) (Zip)

Explanation of Responses:

1. The securities are held by Tang Capital Partners, LP. Kevin C. Tang is the sole manager of Tang Capital Management, LLC, which is the general partner of Tang Capital Partners, LP. Mr. Tang disclaims beneficial ownership of the securities except to the extent of his pecuniary interest therein.

Remarks:

<u>/s/ Kevin C. Tang</u> <u>11/12/2008</u>

/s/ Kevin C. Tang, Managing
Member 11/12/2008

/s/ Kevin C. Tang, as Managing

Member of Tang Capital

Management, LLC, Copperal

11/12/2008

<u>Management, LLC, General</u> <u>Partner</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.