Clark William D Form 4 December 18, 2008

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

3235-0287

Expires:

January 31, 2005

0.5

Estimated average burden hours per

5. Relationship of Reporting Person(s) to

response...

OMB APPROVAL

if no longer subject to Section 16. Form 4 or Form 5

obligations

Check this box

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue.

30(h) of the Investment Company Act of 1940

2. Issuer Name and Ticker or Trading

1(b).

Common

Stock

12/16/2008

(Print or Type Responses)

1. Name and Address of Reporting Person *

See Instruction

Clark William D		Symbol		Issuer									
		Vanda I	Pharmaceuticals Inc. [VNDA]	(Check all applicable)									
(Last)	(First) (M	(iddle) 3. Date of	f Earliest Transaction										
		(Month/D	· · ·	Director 10% Owner									
	CAL CENTER	12/16/20	008	X Officer (give title Other (specify below)									
DRIVE, SUI	TE 300			Sr. VP, Chief Business Officer									
	(Street)	4. If Ame	endment, Date Original	6. Individual or Joint/Group Filing(Check									
		Filed(Mor	nth/Day/Year)	Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person									
DOCKANI I	E MD 20050												
ROCKVILL	E, MD 20850												
(City)	(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned												
1.Title of	2. Transaction Date	e 2A. Deemed	3. 4. Securities Acquired										
Security	(Month/Day/Year)	· · · · · · · · · · · · · · · · · · ·	` ′ *	Securities Form: Direct Indirect									
(Instr. 3)		any (Month/Day/Year)	Code (D) (Instr. 8) (Instr. 3, 4 and 5)	Beneficially (D) or Beneficial Owned Indirect (I) Ownership									
		(wondinbay/rear)	(msu. 6) (msu. 3, 4 and 3)	Following (Instr. 4) (Instr. 4)									
			(A)	Reported									
			or	Transaction(s)									
			Code V Amount (D) Price	(Instr. 3 and 4)									
Restricted			50,000										

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

100,000

D

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

50,000

(1)

\$0

A

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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)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D)	3	ate	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	of ng s	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(Instr. 3, 4, and 5) (A) (D)	Date Exercisable	Expiration Date	or Title Nu of	umber		

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

Clark William D 9605 MEDICAL CENTER DRIVE SUITE 300 ROCKVILLE, MD 20850

Sr. VP, Chief Business Officer

Signatures

/s/ William D.

Clark 12/18/2008

**Signature of Person Date

Reporting Person

Explanation of Responses:

- * 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).

These shares are represented by restricted stock units. 50% of such shares vest upon approval by the FDA of the NDA for iloperidone,

(1) 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.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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