Vanda Pharmaceuticals Inc.

Form 4

September 20, 2007

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

**OMB** 3235-0287 Number:

Check this box if no longer subject to

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

January 31, Expires: 2005

**OMB APPROVAL** 

Section 16. Form 4 or Form 5 obligations

**SECURITIES** 

Estimated average burden hours per response... 0.5

may continue. See Instruction

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

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

| 1. Name and Address of Reporting Person * SHALLCROSS STEVEN A |          |          | 2. Issuer Name <b>and</b> Ticker or Trading Symbol | 5. Relationship of Reporting Person(s) to Issuer   |  |  |  |
|---|----------|----------|--|--|--|--|--|
|   |          |          | Vanda Pharmaceuticals Inc. [VNDA]                  | (Check all applicable)   |  |  |  |
| (Last)  | (First)  | (Middle) | 3. Date of Earliest Transaction                    |  |  |  |  |
|   |          |          | (Month/Day/Year)                                   | Director 10% Owner   |  |  |  |
| 9605 MEDICAL CENTER DRIVE,<br>SUITE 300                       |          |          | 09/18/2007   | _X_ Officer (give title Other (specify below)  |  |  |  |
|   | (Street) |          | 4. If Amendment, Date Original                     | 6. Individual or Joint/Group Filing(Check  |  |  |  |
| ROCKVILLE, MD 20850   |          |          | Filed(Month/Day/Year)                              | Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person |  |  |  |
| (City)  | (State)  | (Zip)    | Table I - Non-Derivative Securities Acq            | quired, Disposed of, or Beneficially Owned   |  |  |  |
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|                                      |   |   |  |        |                  | -                          | ´ •  | •   | ř |
|--------------------------------------|---|---|--|--------|------------------|----------------------------|--|---|---|
| 1.Title of<br>Security<br>(Instr. 3) | 2. Transaction Date<br>(Month/Day/Year) | 3.<br>Transaction<br>Code<br>(Instr. 8) | 4. Securi<br>on(A) or Di<br>(Instr. 3, | spose  | d of (D)         | Beneficially For Owned (D) | 6. Ownership Form: Direct (D) or Indirect (I)  | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |   |
|                                      |   |   | Code V                                 | Amount | (A)<br>or<br>(D) | Price                      | Reported<br>Transaction(s)<br>(Instr. 3 and 4) | (Instr. 4)  |   |
| Common<br>Stock                      | 09/18/2007(1)                           |   | M                                      | 1,731  | A                | \$<br>0.8274               | 1,731  | D   |   |
| Common<br>Stock                      | 09/18/2007(1)                           |   | M                                      | 1,569  | A                | \$<br>4.7329               | 1,569  | D   |   |
| Common<br>Stock                      | 09/18/2007(1)                           |   | S                                      | 3,300  | D                | \$ 14.81                   | 0  | D   |   |

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

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### number.

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

| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transactic<br>Code<br>(Instr. 8) | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | vative Expiration Date es (Month/Day/Year) d |                    | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) |  |
|---|---|--------------------------------------|---|--|---|--|--------------------|---|--|
|   |   |                                      |   | Code V                                 | (A) (D)   | Date<br>Exercisable                          | Expiration<br>Date | Title   | Amount<br>or<br>Number<br>of<br>Shares |
| Employee<br>Stock<br>Option<br>(Right to<br>Buy)    | \$ 4.7329   | 09/18/2007(1)                        |   | M                                      | 1,569   | <u>(2)</u>                                   | 12/29/2015         | Common<br>Stock   | 1,569                                  |
| Employee<br>Stock<br>Option<br>(Right to<br>Buy)    | \$ 0.8274   | 09/18/2007(1)                        |   | M                                      | 1,731   | (2)  | 11/14/2015         | Common<br>Stock   | 1,731                                  |

# **Reporting Owners**

| Reporting Owner Name / Address |          |           |         |       |
|--------------------------------|----------|-----------|---------|-------|
|                                | Director | 10% Owner | Officer | Other |

SHALLCROSS STEVEN A 9605 MEDICAL CENTER DRIVE, SUITE 300 ROCKVILLE, MD 20850

Sr. VP, CFO, Treasurer

# **Signatures**

/s/ Steven A.
Shallcross

\*\*Signature of Reporting Date

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).
- (1) Transaction was administered pursuant to an authorized 10b5-1 plan.

**(2)** 

Reporting Owners 2

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Exercisable with respect to 25% of the shares one year after the grant, exercisable with respect to an additional 2.08333% of the aggregate shares each month thereafter.

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.