Repella Robert Form 3 October 25, 2011

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

**OMB APPROVAL** 

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**OMB** Number:

3235-0104 January 31,

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF Expires: **SECURITIES** 

2005 Estimated average

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

(Print or Type Responses)

1. Name and Address of Reporting Person \*

9605 MEDICAL CENTER

À Repella Robert

DRIVE, SUITE 300

(Last) (First) (Middle)

(Street)

2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol Statement

(Month/Day/Year)

10/24/2011

4. Relationship of Reporting

Person(s) to Issuer

5. If Amendment, Date Original

Filed(Month/Day/Year)

(Check all applicable)

Director \_X\_\_ Officer

10% Owner Other (give title below) (specify below) SVP & Chief Commercial Officer Person

Vanda Pharmaceuticals Inc. [VNDA]

6. Individual or Joint/Group Filing(Check Applicable Line) \_X\_ Form filed by One Reporting

Form filed by More than One

Reporting Person

4. Nature of Indirect Beneficial

ROCKVILLE, Â MDÂ 20850

(City) (State) (Zip)

1. Title of Security

(Instr. 4)

2. Amount of Securities Beneficially Owned

(Instr. 4)

Ownership Form: Direct (D)

Table I - Non-Derivative Securities Beneficially Owned

Ownership (Instr. 5)

or Indirect (I) (Instr. 5)

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

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 control number.

SEC 1473 (7-02)

#### Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)

2. Date Exercisable and **Expiration Date** (Month/Day/Year)

3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)

4. Conversion or Exercise Price of

Ownership Form of Derivative Security:

6. Nature of Indirect Beneficial Ownership (Instr. 5)

Date Exercisable

**Expiration Title** Date

Amount or Number of Shares

Derivative Security

Direct (D) or Indirect (I)

(Instr. 5)

## **Reporting Owners**

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Repella Robert			SVP & Chief	
9605 MEDICAL CENTER DRIVE, SUITE 300	Â	Â	Commercial	Â
ROCKVILLE, MD 20850			Officer	

# **Signatures**

/s/ Robert
Repella

\*\*Signature of Reporting Person

Date

## **Explanation of Responses:**

No securities are beneficially owned

- \* If the form is filed by more than one reporting person, *see* Instruction 5(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. 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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