# FORM 4

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

OMB APPRO	VAL
OMB Number:	3235-0287
Estimated average but	rden
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).

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person *- GOWER JAMES M  (Last) (First) (Middle) RIGEL PHARMACEUTICALS, INC. ,, 1180 VETERANS BLVD.			2. Issuer Name and Ticker or Trading Symbol     RIGEL PHARMACEUTICALS INC [RIGL]     3. Date of Earliest Transaction (Month/Day/Year)     06/03/2004						5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  _X_ Director						
	(Street)			4. If A	4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				)	
		NCISCO, CA 9														
(Cit	ty)	(State)	(Zip)				Tab	le I - Non-Deri	vative Securitie	s Acquir	red, Dis	sposed of	f, or Benefi	cially Owned	l	
1.Title of S (Instr. 3)	Security	curity 2. Transaction Date (Month/Day/\text{\text{V}}		ar) any		n Date, if	Coo (Ins	de (A	(A) or Disposed of		5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		, , , ,	6. Ownership Form:	Beneficial	
				(Mo	onth/L	Day/Year)		Code V A	(A) or (D)	Price	or In		or Indirect	Ownership (Instr. 4)		
Reminder:	Report on a s	separate line for each	h class of securities l	peneficia	ally o	wned dire	спу	Persons in this f	who respond orm are not re	quired t	to resp	pond ur				1474 (9-02)
Reminder:	Report on a s	separate line for each		I - Deri	vativo	e Securiti	es A	Persons in this f a current cquired, Dispo		quired t control icially O	to resp I numb	pond ur				1474 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion	3. Transaction	Table I  3A. Deemed Execution Date, if	I - Deriv (e.g., 4. Transac Code	vative, puts, ction	e Securiti , calls, wa 5. Numbo	es A arran er ative s l (A)	Persons in this f a currel cquired, Disponts, options, confice Expiration Dai (Month/Day/Y	orm are not rently valid OMB sed of, or Benefavertible securing sable and	quired t control icially Ories)  7. Title of Und Securit	to responded in the control of the c	pond ur ber. Amount	8. Price of	9. Number of Derivative Securities Beneficially Owned Following Reported Transactions	of 10. Owners Form of Derivat Security Direct ( or Indirects)	11. Natu of Indire Beneficitive Ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table I  3A. Deemed Execution Date, if any	I - Deriv (e.g., 4. Transac Code	vative, puts, ction	e Securiti, calls, wa 5. Numbo of Deriva Securitie Acquired or Dispos of (D) (Instr. 3, and 5)	es A arran er ative s l (A)	Persons in this f a currel cquired, Disponts, options, confice Expiration Dai (Month/Day/Y	orm are not rently valid OMB sed of, or Benefavertible securing sable and	quired t control icially Ories)  7. Title of Und Securit	to resp. I numb.  Dwned  le and A derlying ities 3 and 4	pond ur ber. Amount	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	of 10. Owners Form of Derivat Security Direct ( or Indir	11. Natu of Indire Beneficitive Ownersh (Instr. 4)

### **Reporting Owners**

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
GOWER JAMES M RIGEL PHARMACEUTICALS, INC. , 1180 VETERANS BLVD. SOUTH SAN FRANCISCO, CA 94080	X		CEO & Board Chairman		

# **Signatures**

James H. Welch (Attorney-in-Fact)	06/04/2004
**Signature of Reporting Person	Date

## **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) The shares vest monthly over four years from the date of grant.

 $Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, {\it see}\ Instruction\ 6 for procedure.$ 

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.
r oterital persons who are to respond to the confection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.