FORM	4
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#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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#### 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

(Print or Type Responses)											
1. Name and Address of Reporting Person <sup>*</sup> – GROSSBARD ELLIOT B		2. Issuer Name and Ticker or Trading Symbol RIGEL PHARMACEUTICALS INC [RIGL]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director10% Owner			
(Last) (First) (I180 VETERANS BLVD.		3. Date of Earliest Transaction (Month/Day/Year) 06/03/2004					X_Officer (give title below)Other (specify below) Sr. VP Medical Develop.				
<sup>(Street)</sup> SOUTH SAN FRANCISCO, CA 94080		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			
(City) (State)	(Zip)	Table I - Non-Derivative Securities Acquir						ired, Disposed of, or Beneficially Owned			
1.Title of Security 2. Transaction (Instr. 3) Date (Month/Day/Ye		Execution Date, if any	3. Transact Code (Instr. 8)	-	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	Ownership of Indirec Form: Beneficial	Beneficial	
		(Month/Day/Year)	Code	v	Amount	(A) or (D)	Price	(Instr. 3 and 4)	Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	

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.

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

	(e.g., puts, cans, warrants, options, convertible securities)														
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Number		6. Date Exercisable and		7. Title and Amount		8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transact	tion	of Deriva	of Derivative Expiration Date			of Underlying		Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		Securitie	s	(Month/Day/Year	r)	Securities Security		Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	)	Acquired	l (A)			(Instr. 3 and 4) (In		(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					or Dispos	sed							Security:	(Instr. 4)
	Security					of (D)							0	Direct (D)	
						(Instr. 3,	4,				1	or Indirect			
						and 5)							Transaction(s)	< / <	
											Amount		(Instr. 4)	(Instr. 4)	
								Date	Expiration		or				
									Date	Title	Number				
									Date		of				
				Code	V	(A)	(D)				Shares				
Stock															
Option										Common					
	\$ 17.66	06/03/2004		Α		35,000		07/03/2004(1)	06/03/2014	Common Stock	35,000	\$ 0	35,000	D	
(Right										Stock					
to Buy)															

## **Reporting Owners**

		Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other					
GROSSBARD ELLIOT B 1180 VETERANS BLVD. SOUTH SAN FRANCISCO, CA 9408	)		Sr. VP Medical Develop.						

## 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, 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.