FORM 4

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

OMB APPRO	OVAL
OMB Number:	3235-0287
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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

(Print or Ty	pe response	/												
1. Name and Address of Reporting Person – DELEAGE JEAN			2. Issuer Name and Ticker or Trading Symbol RIGEL PHARMACEUTICALS INC [RIGL]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director						
(Last) (First) (Middle) ONE EMBARCADERO CENTER, SUITE 450				3. Date of Earliest Transaction (Month/Day/Year) 06/11/2004					Officer (give	title below)	Other	(specify below)	
(Street) SAN FRANCISCO, CA 94111				4. If Amendment, Date Original Filed(Month/Day/Year)					_X_ Fo:	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person				
(City) (State) (Zip)				Table I - Non-Derivative Securities Acqu					Acquired, I	nired, Disposed of, or Beneficially Owned				
1.Title of Security 2. Transaction Date (Month/Day/Ye.		Execu any	Deemed attion Date th/Day/Ye	if Co	ode (A	Securities Acqui) or Disposed of astr. 3, 4 and 5)	(D) Owned Transa) H	Ownership of I	Beneficial		
				(Mon	ш/Дау/Те	ar)	Code V A	mount (A) or (D)	Price (filstr.	3 and 4)		or (I	r Indirect (Ownership (Instr. 4)
Reminder:	Report on a	separate fine for each					in this fo	who respond orm are not re otly valid OMB	quired to re	spond u				474 (9-02)
Reminder:	Report on a	separate fine for each					in this fo	orm are not red	quired to re	spond u				4/4 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of	3. Transaction Date	3A. Deemed Execution Date, if	(e.g., p 4. Transac Code	outs, calls, stion of Deri	warra imber vative rities	in this for a currer Acquired, Disponts, options, con	orm are not receitly valid OMB sed of, or Benefit evertible securite able and	quired to re control nur icially Owner	espond umber. d Amount	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially	f 10. Ownersh Form of Derivativ	11. Naturip of Indire Beneficia Ownersh
1. Title of Derivative Security	2. Conversion or Exercise	3. Transaction Date	3A. Deemed Execution Date, if any	(e.g., p 4. Transac Code	tion of Deri Secu Acque (A) of Disp of (I	warranmber vative rities pired or osed 0) : 3, 4,	Acquired, Dispo	orm are not receitly valid OMB sed of, or Benefit evertible securite able and	quired to re control nur icially Owner ies) 7. Title and of Underlyi Securities	espond umber. d Amount	8. Price of Derivative Security	9. Number of Derivative Securities	f 10. Ownersh Form of Derivativ Security: Direct (D or Indirec	11. Naturip of Indire Beneficit Ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	3A. Deemed Execution Date, if any	(e.g., p 4. Transac Code	tion of Deri Secu Acque (A) of Disp of (I (Inst	warrannber vative rities nired or osed 0) 3, 4,	in this for a currer Acquired, Disponts, options, con 6. Date Exercis Expiration Date (Month/Day/You	orm are not receitly valid OMB sed of, or Benefit evertible securite able and	quired to re control nur icially Owner ies) 7. Title and of Underlyi Securities	espond umber. d Amount	8. Price of Derivative Security	9. Number or Derivative Securities Beneficially Owned Following Reported Transaction(s	f 10. Ownersh Form of Derivativ Security: Direct (D or Indirect	11. Naturip of Indire Beneficit Ownersh (Instr. 4)

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
DELEAGE JEAN ONE EMBARCADERO CENTER SUITE 450 SAN FRANCISCO, CA 94111	X	X				

Signatures

James H. Welch (Attorney-In-Fact)	06/11/2004
**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) Vests monthly over two 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.