FORM 4

Instruction 1(b).

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

OMB APPROVAL

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longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Eychange Act of 1934 or Section 30(b) of the

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

Name and Address of Reporting Person Duliege Anne-Marie			2. Issuer Name and Ticker or Trading Symbol RIGEL PHARMACEUTICALS INC [RIGL]					5. 1	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(Last) (First) (Middle) RIGEL PHARMACEUTICALS, INC., 1180 VETERANS BOULEVARD			3. Date of Earliest Transaction (Month/Day/Year) 05/05/2016					_x	X_Officer (give title below) Other (specify below) Chief Medical Officer						
(Street) SOUTH SAN FRANCISCO, CA 94080			4. If Amendment, Date Original Filed(Month/Day/Year)					_X_	6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting PersonForm filed by More than One Reporting Person						
(Cit	(City) (State) (Zip)		Table I - Non-Derivative Securities Acqu					es Acquired	nired, Disposed of, or Beneficially Owned						
1.Title of S (Instr. 3)	1. Title of Security 2. Transaction Date (Month/Day/Yea		2A. Deeme Execution I any (Month/Da		e, if C	(Instr. 8)		Securities Acca, or Disposed Instr. 3, 4 and 5	of (D) Owned Follow		,		Ownership Form:	7. Nature of Indirect Beneficial Ownership	
							Code	v A	(A) or (D)	Price				(nstr. 4)	11341. 4)
Reminder:	Report on a s	separate line for each	1 class of securities b	eneficial	lly owne	direc	tly or i	Person in this f	s who respor	equired to	respond u				74 (9-02)
Reminder:	Report on a s	separate line for eacl		- Deriva	ative Sec	urities	Acqui	Persons in this fa current	form are not rently valid OM osed of, or Beno	equired to B control r eficially Ow	respond unumber.				74 (9-02)
1. Title of Derivative Security (Instr. 3)		3. Transaction Date	Table II 3A. Deemed Execution Date, if	- Deriva (e.g., p) 4. Transact Code	stive Secuts, calls 5. N Der Sec Acc or I (D)	urities , warr (umber ivative urities uired (Dispose tr. 3, 4	Acquirants, or of 6 (A) (A) (A) (B) (C)	Personation this for a current tired, Disposoptions, co	form are not rently valid OM osed of, or Benonvertible securates reisable and Date	equired to B control r eficially Ow	respond unumber. ned d Amount ing	8. Price of		10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indire Beneficia Ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II 3A. Deemed Execution Date, if any	- Deriva (e.g., p) 4. Transact Code	titive Sectuts, calls 5. N tion Der Sec Or I (D) (Ins	urities , warr (umber ivative urities uired (Dispose tr. 3, 4	Acquirants, or of 6 (A) (A) (A) (B) (A) (B) (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B	Person in this fa curred a curred options, co	orm are not rently valid OM osed of, or Benevertible securicisable and Date y/Year) Expiration	equired to B control reficially Ownities) 7. Title and of Underly Securities	respond unumber. ned d Amount ing	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indire Beneficial Ownersh (Instr. 4)

Reporting Owners

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Duliege Anne-Marie RIGEL PHARMACEUTICALS, INC. 1180 VETERANS BOULEVARD SOUTH SAN FRANCISCO, CA 94080			Chief Medical Officer		

Signatures

/s/ Dolly Vance (Attorney-in-Fact)	05/06/2016
**Signature of Reporting Person	Date

Explanation of Responses:

- \star 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) One fourth (1/4th) of the option vests one year from March 7, 2016 and thereafter the balance of the option vests in equal monthly installments over the next thirty-six (36) months.

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 no	ot required to respond unless the form displays a currently valid OMB number.