FORM 4

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

OMB APPROVAL				
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

	<u> </u>													
1. Name and Address of Reporting Person * MOOS WALTER H			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) C/O RIGEL PHARMACEUTICALS, INC., 1180 VETERANS BLVD.				3. Date of Earliest Transaction (Month/Day/Year) 05/11/2016						Officer (giv	re title below)	Oth	er (specify below	r)
(Street) SOUTH SAN FRANCISCO, CA 94025-3493				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 Acqu					ies Acqui	ired, Disposed of, or Beneficially Owned				
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	Executi any	Deemed ecution Date, if onth/Day/Year)		(4. Securities Ac (A) or Disposed (Instr. 3, 4 and 5)	of (D)	Amount of Securities Beneficially by Dwned Following Reported ransaction(s) instr. 3 and 4)		d	Ownership of Eform: EDirect (D)	7. Nature of Indirect Beneficial Ownership Instr. 4)	
						Co	de V	Amount (A) or	Price				(I) (Instr. 4)	
Reminder:	Report on a s	separate line for each	class of securities	benericia:	iiy owned	directiy	Persoi	ns who respo					ed SEC 14	474 (9-02)
Reminder:	Report on a s	eparate line for each	Table II -	Derivati	ive Securi	ties Acc	Person in this display	ns who respo form are not ys a currently osed of, or Ber	required valid Of	l to respond MB control ւ	unless the		ed SEC 1-	474 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion	3. Transaction	Table II -	Derivati (e.g., put 4. Transac Code	ive Securits, calls, v 5. Ni tion of D Secu Or D of (I	ties Accerations and the control of	Person in this display display of the property	ns who respons of the second o	required valid Olembericially rities) 7. Title of Under Securities	d to respond MB control r Owned	unless the number.		f 10. Ownershi Form of Derivative Security: Direct (D or Indirec	11. Nature of Indire Beneficie 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	Derivati (e.g., put 4. Transac Code	ive Securits, calls, v 5. Nition of D Security Acquired or D of (I (Inst	ties Accerarrants amber erivative rities irred (A) sposed) . 3, 4,	Persoin this display autired, Display 6, options, continued (Month/Date Experisson) Date Exercisable	ns who respons form are not yes a currently cosed of, or Beronvertible securercisable and Date any/Year)	required valid Olembericially rities) 7. Title of Under Securities	d to respond MB control r Owned and Amount erlying ies	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	f 10. Ownershi Form of Derivative Security: Direct (D or Indirec	11. Nature of Indire Benefici e Owners! (Instr. 4)

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
MOOS WALTER H C/O RIGEL PHARMACEUTICALS, INC. 1180 VETERANS BLVD. SOUTH SAN FRANCISCO, CA 94025-3493	X					

Signatures

/s/ Dolly Vance (Attorney-in-Fact)	05/11/2016
-*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 twelve (12) months 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.