FORM 4

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

OMB APP	ROVAL
OMB Number:	3235-0287
Estimated average	burden
houre par raenones	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 NT.		CD *		2.1	NI	a milita	т. 1	Cl 1	5 D	elationshi	of Reporting	ng Person(s) t	o Icener	
Name and Address of Reporting Person LYONS GARY A			2. Issuer Name and Ticker or Trading Symbol RIGEL PHARMACEUTICALS INC [RIGL]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
C/O RIG	(Last) (First) (Middle) C/O RIGEL PHARMACEUTICALS, INC., 1180 VETERANS BLVD.				3. Date of Earliest Transaction (Month/Day/Year) 05/11/2016					Officer (giv	e title below)	Otho	er (specify below	v)
(Street) SOUTH SAN FRANCISCO, CA 94080				4. If Amendment, Date Original Filed(Month/Day/Year)					_X_1	6. Individual or Joint/Group Filing(Check Applicable Line) X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
(Cit		(State)	(Zip)	Table I - Non-Derivative Securities Acqu				s Acquired,	ured, Disposed of, or Beneficially Owned					
1.Title of S (Instr. 3)	Security		2. Transaction Date (Month/Day/Year)	any	emed on Date, if /Day/Year		. 8) (1	A) or Disposed constr. 3, 4 and 5) (A) or (D) (A) or (D)	ired 5. Amount of		ing Reported	eneficially 6. d O Fo D on (I	Ownership Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Reminder:	Report on a s	separate line for each	i class of securities t	CHCHCIA	ny owned	meetry			d to the co	llection	of informat	tion contain	ed SEC 1	474 (9-02)
Reminder:	Report on a s	separate fine for each	Table II -	Derivati	ve Securi	ies Acc	Person in this t display quired, Dispo	s who respon form are not re s a currently v osed of, or Bene	equired to valid OMB	respond control r	unless the		ed SEC	474 (9-02)
1. Title of	•	3. Transaction	Table II - 3A. Deemed Execution Date, if	Derivati (e.g., put 4. Transaci Code	ve Securities, calls, we stion of De Securi	mber rivative (ties red (A) posed	Person in this i display quired, Dispos, options, co	s who respon form are not re s a currently vessed of, or Bene nvertible securer creisable and Date	equired to valid OMB	respond control r ned I Amount ing	unless the number.	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(f 10. Ownersh Form of Derivativ Security: Direct (I or Indire s) (I)	11. Natu of Indire Benefici 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. Transaci Code	ve Securits, calls, w 5. Nu 5. Nu Secur Acqu or Di: of (D (Instr	ies Accarrants mber rivative ities red (A) posed 3, 4,	Person in this 1 display quired, Dispos, options, co 6. Date Exe Expiration (Month/Day	s who respon form are not re s a currently v sed of, or Bene nvertible secur recisable and Date y/Year) Expiration	required to valid OMB ficially Ownities) 7. Title and of Underlying Securities	respond control r ned I Amount ing	8. Price of Derivative Security	9. Number o Derivative Securities Beneficially Owned Following Reported	f 10. Ownersh Form of Derivativ Security: Direct (I or Indire	11. Natu of Indire Benefici Ownersh (Instr. 4)

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
LYONS GARY A C/O RIGEL PHARMACEUTICALS, INC. 1180 VETERANS BLVD. SOUTH SAN FRANCISCO, CA 94080	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.