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. Name and Address of Reporting Person* RINGROSE PETER S (Last) (First) (Middle) C/O RIGEL PHARMACEUTICALS, INC., 1180 VETERANS BLVD.			2. Issuer Name and Ticker or Trading Symbol RIGEL PHARMACEUTICALS INC [RIGL]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)X_ Director10% Owner						
			3. Date of Earliest Transaction (Month/Day/Year) 05/11/2016						Officer (give title below) Other (specify below)					
(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 Person Form filed by More than One Reporting Person				
(City) (State) (Zip)				Table I - Non-Derivative Securities Acqu						ured, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year		2A. Deemed 3. Tra Execution Date, if Code		nsaction 4 (. Securities Acq A) or Disposed of Instr. 3, 4 and 5)	uired 5. A Owr Tran	mount of S	Securities Beneficially wing Reported		6. 7 Ownership or Form: B Direct (D)	. Nature f Indirect deneficial dwnership (Instr. 4)			
			Table II -				display	form are not r s a currently osed of, or Bene onvertible secur	valid OMB	control r				
1. Title of	Conversion	ercise (Month/Day/Year) of ative	ion 3A. Deemed Execution Date, if	4. 5. Nur f Transaction of Der Code Securi (Instr. 8) Acqui		erivative rities (Month/Day/sposed P) 3, 4,		ercisable and	7. Title and	d Amount		9. Number of Derivative Securities Beneficially Owned Following Reported	Ownershi Form of Derivative Security: Direct (D) or Indirec	
Derivative Security (Instr. 3)	or Exercise Price of Derivative Security		any	Code	Secur Acqu or Dis of (D (Instr	ities ired (A) sposed) . 3, 4,	(Month/Da		of Underly Securities (Instr. 3 an	Ü	Security	Derivative Securities Beneficially Owned Following Reported	Ownership Form of Derivative Security: Direct (D) or Indirect	Beneficia Ownersh (Instr. 4)
Security	Price of Derivative		any	Code	Secur Acqu or Dis of (D (Instr	ired (A) sposed (A)	(Month/Da	y/Year) Expiration	Securities	Ü	Security	Derivative Securities Beneficially Owned Following	Ownership Form of Derivative Security: Direct (D) or Indirect	of Indire Beneficia Ownersh (Instr. 4)

Reporting Owners

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
RINGROSE PETER S 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.