# FORM 4

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

OIVIB APPE	ROVAL
OMB Number:	3235-0287
Estimated average	burden
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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

Name and Address of Reporting Person –  Goodwin Bradford S			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 10% Owner						
(Last) (First) (Middle) C/O RIGEL PHARMACEUTICALS, INC., 1180 VETERANS BLVD.			3. Date of Earliest Transaction (Month/Day/Year) 05/12/2017						e title below)		er (specify below)	,		
(Street)			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						
SOUTH SAN FRANCISCO, CA 94080 (City) (State) (Zip)			Tabla I - Nan-Darivativa Saguritias A agr					s Anguired	uired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year		2A. Deemed 3. Trans Execution Date, if Code		8) (	. Securities Acq A) or Disposed of Instr. 3, 4 and 5)	5. Amount of Owned Follow Transaction(s) (Instr. 3 and 4		Securities Beneficially wing Reported		6. 7 Ownership or Form: B Direct (D)	. Nature f Indirect geneficial Ownership Instr. 4)			
			Table II ·				in this display	s who respon form are not reason as a currently of osed of, or Bene invertible secur	equired to valid OMB	respond control n	unless the			( 32)
1. Title of Derivative Security (Instr. 3)		e of vative	Transaction 3A. Deemed Execution Date, if	4. 5. Number of Derivative Securities		6. Date Exercisable and 7 Expiration Date 0 (Month/Day/Year) S		7. Title and Amount of Underlying Securities (Instr. 3 and 4)			9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	Ownership Form of Derivative Security: Direct (D) or Indirect	Beneficia Ownershi (Instr. 4)	
Security	Price of Derivative	(Month/Day/Year)	any	Code	Acqui or Dis of (D) (Instr.	ities red (A) sposed 3, 4,	(Month/Da		Securities	Ü	Security	Securities Beneficially Owned Following Reported	Ownership Form of Derivative Security: Direct (D) or Indirect	p of Indired Beneficial Ownersh (Instr. 4)
Security	Price of Derivative	(Month/Day/Year)	any	Code	Acqui or Dis of (D) (Instr.	red (A) posed 3, 4,	(Month/Da	y/Year)  Expiration	Securities	Ü	Security	Securities Beneficially Owned Following Reported	Ownership Form of Derivative Security: Direct (D) or Indirect	of Indire Beneficie Ownersh (Instr. 4)

### **Reporting Owners**

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Goodwin Bradford S C/O RIGEL PHARMACEUTICALS, INC. 1180 VETERANS BLVD. SOUTH SAN FRANCISCO, CA 94080	X				

## **Signatures**

/s/Dolly Vance (Attorney-in-Fact)	05/12/2017
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).
- (  $\bf{1}$ ) The shares vest monthly over twelve ( $\bf{12}$ ) 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.