FORM 4

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

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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

1. Name and Address of Reporting Person* RINGROSE PETER 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_ Director10% Owner						
(Last) (First) (Middle) C/O RIGEL PHARMACEUTICALS, INC., 1180 VETERANS BLVD.				3. Date of Earliest Transaction (Month/Day/Year) 05/12/2017						Officer (giv	e title below)	Oti	ner (specify below)		
(Street)				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				
SOUTH SAN FRANCISCO, CA 94080 (City) (State) (Zip)										ired, Disposed of, or Beneficially Owned					
		. ,		la. 5		-					•			1	27.
1.Title of Security 2. Transaction Date (Month/Day/Ye			any	on Date, i	Code (Instr		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		of (D) Ov Tra	vned Follow ansaction(s)			Ownership or Form:	7. Nature of Indirect Beneficial	
				(Month	/Day/Year		de V	Amount	(A) or (D)	(In	(Instr. 3 and 4)			Direct (D) Owners or Indirect (I) (Instr. 4)	
				1											
Reminder:	Report on a s	separate line for each	h class of securities	beneficial	lly owned	directly			espon	d to the o	collection	of informat	tion contai	ned SEC 14	174 (9-02)
Reminder:	Report on a s	separate line for each		- Derivati	ive Securi	ties Ac	Perso in this	ns who re form are ys a curre	e not re ently v	equired to valid OMI eficially O	o respond B control r	unless the	tion contai e form	ned SEC 14	174 (9-02)
1. Title of		3. Transaction Date	Table II - 3A. Deemed Execution Date, if	Derivati (e.g., put 4. Transac Code	ive Securits, calls, v 5. Not of Do Security Acquired or Do of (C	ties Accordant umber erivative rities ired (A sposed b)	Perso in this displating displating the property of the proper	ns who re form are ys a curre cosed of, or onvertible tercisable a	e not re ently v or Bene e securi	equired to valid OMI ficially Ovities)	o respond B control r wned and Amount lying	unless the number.		of 10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indired Beneficial 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. Notition of Do Security Acquired or Di of (E (Instr	ties Accernate amber rerivative rities signed (A sposed) . 3, 4,	Perso in this displate Exercisab	ns who reform are form are ys a curre coosed of, o convertible are cased a Date ay/Year)	e not re cently v or Bene e securi	equired to valid OMI ficially Ovities) 7. Title are of Underly Securities	o respond B control r wned and Amount lying	8. Price of Derivative Security	9. Number Derivative Securities Beneficially Owned Following Reported	of 10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Naturo of Indire Beneficiro 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)	05/12/2017
**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).
- (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.