FORM 4

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

OMB APPROVAL
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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

(Print or Ty	pe Response	s)															
Name and Address of Reporting Person * Duliege Anne-Marie				2. Issuer Name and Ticker or Trading Symbol RIGEL PHARMACEUTICALS INC [RIGL]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(Last) (First) (Middle) RIGEL PHARMACEUTICALS, INC., 1180 VETERANS BOULEVARD					3. Date of Earliest Transaction (Month/Day/Year) 07/05/2017							X_O	fficer (give titl		ow) of Medical O	Other (specify fficer	below)
(Street) SOUTH SAN FRANCISCO, CA 94080				4. If Amendment, Date Original Filed(Month/Day/Year)							_X_ Form	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person					
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned							Owned						
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)			Code (Instr. 8)			4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			Ownership Form:	Beneficial	
				(Month.	nth/Day/Year)		Code	V	V Amount (A) or (D)		Price	Ì	3 and 4)	and 4) Direct (D) or Indirect (I) (Instr. 4)		Ownership (Instr. 4)	
Common	Stock		07/05/2017				S ⁽¹⁾		5,000 (2)	D	\$ 2.685 (3)	4 0				D	
reminuer.	Report on a s	separate fine i	or each class of secur	Derivati	ive Secur	ities 2	Acqui	Per con the	sons whatained if form dis	no responding this splays	form a a curr Benefici	re not re ently va ally Own	id OMB o	res	ormation pond unle rol numbe	ss	1474 (9-02)
1. Title of	2.	3. Transactio		· • · •		warra 5.	nts, o		s, conver			s) Title and	Q Duine		9. Number o	of 10.	11. Natur
			Year) Execution D	4. Transaction Code Year) (Instr. 8)		n Num of Der Sec Acc (A) Dis of (Number		and Expiration Date (Month/Day/Year) Un Sec			nount of aderlying curities astr. 3 and	Derivat Securit (Instr. 5		Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owners Form of Derivat Security Direct (or Indir	hip of Indirect Beneficia Ownershi (Instr. 4)
					Code V	(A)) (D)		te ercisable	Expira Date	tion Ti	Amou or Numb of Share	er				

Reporting Owners

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Duliege Anne-Marie RIGEL PHARMACEUTICALS, INC. 1180 VETERANS BOULEVARD SOUTH SAN FRANCISCO, CA 94080			Chief Medical Officer					

Signatures

/s/ Dolly Vance (Attorney-in-Fact)	07/06/2017
**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 sales reported in this Form 4 were effected pursuant to a 10b5-1 trading plan adopted by the Reporting Person on November 10, 2016.
- (2) The Reporting Person purchased these shares on 6/30/17 under the Employee Stock Purchase Plan.
 - The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$2.65 to \$2.75, inclusive. Upon request,
- (3) the reporting person undertakes to provide the Issuer, any security holder of the Issuer, or the Securities and Exchange Commission, full information regarding the shares sold at each separate price within the range set forth in footnote three (3) of this Form 4.

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.