FORM 4

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

OMB APPROVAL					
OMB Number:	3235-0287				
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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* Kotzin Brian L.			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						
RIGEL F	(Last) (First) (Middle) RIGEL PHARMACEUTIALS, INC., 1180 VETERANS BOULEVARD			3. Date of Earliest Transaction (Month/Day/Year) 08/21/2017						Officer (give	e title below)	Oth	er (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					
(Cit	у)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned					ed					
1.Title of S (Instr. 3)	ecurity		2. Transaction Date (Month/Day/Year)	any	emed on Date, // Day/Yea	f Code (Instr	(8)	A. Securities Acquain A. Or Disposed of Instr. 3, 4 and 5) (A) or (D)	of (D) Ow Trai	5. Amount of Securities Beneficial Owned Following Reported Transaction(s) (Instr. 3 and 4)		d	Ownership of Form:	Beneficial Ownership
Reminder:								s who respon					ed SEC 1	474 (9-02)
Keminder.	•						in this display quired, Disp	form are not ro rs a currently vosed of, or Bene	equired to valid OMB eficially Ow	respond control r	unless the		ed SEC 1	474 (9-02)
1. Title of	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transact	5. No of Do Secution Acquired of (I	umber erivativ rities nired (A isposed 0) r. 3, 4,	quired, Disp s, options, co 6. Date Exe Expiration (Month/Da	form are not reverse a currently vector of, or Bene- onvertible securer or secure or s	equired to valid OMB eficially Ow	o respond B control revined d Amount	unless the		f 10. Ownershi Form of Derivativ Security: Direct (D or Indirec	11. Nati p of Indir Benefic Owners (Instr. 4
1. Title of Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transact	5. Nof D Secu Acq or D of (I (Inst	warrant umber erivativ rities nired (A isposed 0) r. 3, 4,	in this display quired, Disp s, options, cc 6. Date Exc Expiration (Month/Da	form are not reverse a currently visual security of the convertible security cercisable and Date yy/Year) Expiration	equired to valid OMB eficially Ow ities) 7. Title and of Underly Securities	o respond B control revined d Amount	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	f 10. Ownershi Form of Derivativ Security: Direct (D or Indirec	11. Nat p of Indir Benefic c Owners (Instr. 4

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Kotzin Brian L. RIGEL PHARMACEUTIALS, INC. 1180 VETERANS BOULEVARD SOUTH SAN FRANCISCO, CA 94080	X					

Signatures

/s/ Dolly Vance (Attorney-in-Fact)	08/23/2017
**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).
- The Option shall vest in equal monthly installments over the shorter of three years from the date of grant or the period beginning on the date the director is appointed to the Board and ending on the date of the annual meeting at which the director is first considered for election by the stockholders, provided that the non-employee director continues to provide services.

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.