FORM 4

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

OMB APPROVAL

OMB Number: 3235-0287
Estimated average burden
hours per response... 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

(Print or Typ	e Responses	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)Director10% Owner						
(Last) (First) (Middle) RIGEL PHARMACEUTICALS, INC., 1180 VETERANS BOULEVARD				3. Date of Earliest Transaction (Month/Day/Year) 09/04/2018								X Officer (give title below) Other (specify below) EVP & Chief Medical Officer						
(Street) SOUTH SAN FRANCISCO, CA 94080				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						
(City) (State) (Zip)				Table I - Non-Derivative Securities Acqui								ired, Disposed of, or Beneficially Owned						
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yo							(Instr. 8		4. Securities Acquired (A) or Disposed of (D (Instr. 3, 4 and 5)								6. Ownership Form:	Beneficial
			(Month/Day/Year)		Code	e V	Aı	mount	(A) or (D)	Price	(Inst	(IIISU. 5 and 4)			Direct (D) Ownersh or Indirect (Instr. 4) (Instr. 4)			
Common Stock 09/			09/04/2018	/2018			M		16	5,500	A	\$ 2.54	16,5	16,500		D		
Common Stock			09/04/2018			S		16	5,500		\$ 3.5067 (2)	0	0			D		
			Table II -					in ti disp aired, E	his f play: Dispo	orm as a cu	re not rrently	require valid C	d to r	espond control n	unless the	tion contai	ned SEC	1474 (9-02)
1 77:1 6	l _a	la m	1 D 1	(e.g., pu									,		lo p : _ c	0.37 1	6 10	11.37.
	2. Conversion or Exercise Price of Derivative Security			f Transaction of De Code Secur (Instr. 8) Acqu or Di of (D		rities ired (A) sposed) : 3, 4,	6. Date Exercisable and Expiration Date (Month/Day/Year)		of Und Securi	7. Title and Amoun of Underlying Securities (Instr. 3 and 4)			9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(Owners Form of Derivat Securit Direct or India n(s) (I)	Ownershi (Instr. 4) D)			
				Code	V	(A)	(D)	Date Exercis	sable		ration	Title		Amount or Number of Shares		(Instr. 4)	(Instr. 4	1)
Employe Stock Option (right to buy)	\$ 2.54	09/04/2018		М		1	16,500	<u>(3</u>	3)	05/0	05/202	6 Com		16,500	\$ 0	383,500) D	

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			EVP & Chief Medical Officer						

Signatures

/s/ Dolly Vance (Attorney-in-Fact)	09/06/2018
**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 on this Form 4 were effected pursuant to a 10b5-1 trading plan adopted by the Reporting Person on February 26, 2018.
- (2) The price reported in Column 4 is the weighted average price. These shares were sold in multiple transactions ranging from \$3.50 to \$3.53. Upon request, 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 such separate price.
- (3) One fourth (1/4th) of the option vests one (1) year from March 7, 2016 and thereafter the balance of the option vests in equal monthly installments over the next thirty-six (36) months.

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.