## FORM 4

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

OMB APPR	OVAL
OMB Number:	3235-0287
Estimated average I	burden
houre por roeponeo	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 Type	e Responses)														
1. Name and Address of Reporting Person Duliege Anne-Marie  (Last) (First) (Middle)  RIGEL PHARMACEUTICALS, INC., 1180  VETERANS BOULEVARD  (Street)		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							
		3. Date of Earliest Transaction (Month/Day/Year) 01/23/2019						X Officer (give title below) Other (specify below)  EVP & Chief Medical Officer							
		4. If Amendment, Date Original Filed(Month/Day/Year)							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)			Т	abla I	Non Doni	vativa Caavuitia	a A aquina	d Disposed a	of an Danaf	iaially Owns		
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Yes		2A. Deemed 3. Tran Execution Date, if Code		8) (I	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)  (A) or Amount (D) Price		Transaction(s) (Instr. 3 and 4)			6. Ownership Form:	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
Reminder: R	eport on a sep	parate line for each o		- Deriva	tive	Securities	Acqu	Persons in this f a currer	s who respond orm are not re ntly valid OME	equired to B control ficially Ov	respond u number.				1474 (9-02)
1. Title of Derivative Security (Instr. 3)  2. Conversio or Exercise Price of Derivative Security		e of (Month/Day/Year			4. Transaction Code		5. Number of		options, convertible securi 6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	Ownersl Form of Derivati Security Direct (I or Indire	Ownersh (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4)	
Employee Stock Option (right to buy)	\$ 2	01/23/2019		A		162,500	)	(1)	01/23/2029	Commo Stock	1162 500	\$ 0	162,500	D	
Report	ing Ov	vners													
l						Relationsl	hips								

		Relationships					
Reporting Owner Name / Address		Director	10% Owner	Officer	Other		
RIO 118	liege Anne-Marie GEL PHARMACEUTICALS, INC. 80 VETERANS BOULEVARD UTH SAN FRANCISCO, CA 94080			EVP & Chief Medical Officer			

### **Signatures**

/s/ Dolly Vance (Attorney-in-Fact)	01/25/2019
**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 of common stock subject to the option vest in equal monthly installments over four (4) years from the vesting commencement date of January 1, 2019.

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.