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

Name and Address of Reporting Person * MOOS WALTER H				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				
(Last) (First) (Middle) C/O RIGEL PHARMACEUTICALS, INC., 1180 VETERANS BLVD.				3. Date of Earliest Transaction (Month/Day/Year) 05/23/2019					_	_ Officer (giv	e title below)	Oth	er (specify below)		
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)						_X_	6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person				
SOUTH SAN FRANCISCO, CA 94025-3493 (City) (State) (Zip)				Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								ed			
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	any	on Date, i	3. Tra	ansaction	4. Securities Acquire (A) or Disposed of (Instr. 3, 4 and 5)		aired 5. A Ow Train	Amount of Securities Beneficia wned Following Reported ansaction(s)		eneficially d	6. 7. Ownership of Form: B	Nature Indirect eneficial	
				(Month	/Day/Yea		ode V	Amount	(A) or (D)	(Ins	(Instr. 3 and 4)			Direct (D) Ownership or Indirect (I) (Instr. 4)	
Reminder:	Report on a	separate fine for each	relass of securities				Perso in this	form are	not re		respond	unless the	tion contain e form	ned SEC 14	74 (9-02)
Reminder:	Report on a	separate fine for each	r class of securities		,			ns who re	espon	d to the c	ollection	of informat	tion contaiı	ned SEC 14	74 (9-02)
1. Title of Derivative Security	2. Conversion or Exercise	3. Transaction Date	Table II - 3A. Deemed Execution Date, if any	Derivati (e.g., put 4. Transac Code	ive Securits, calls, v 5. Notion of D Security	ties Ac	Persoin this displayed and the	s form are ays a curr posed of, o convertible xercisable a	e not re ently v or Bene e securi	required to valid OMB ficially Ow ities) 7. Title and of Underly Securities	respond control r ned d Amount ing	8. Price of Derivative Security	9. Number of Derivative Securities	of 10. Ownership Form of	11. Natu of Indire Benefici
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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. Nition of D Security Acquired or D of (I (Inst	ties Acvarrant	Persoin this displayed by the person of the	s form are ays a curr posed of, o convertible xercisable a n Date bay/Year)	e not recently vor Bene e securi	required to valid OMB ficially Ow ities) 7. Title and of Underly Securities	respond control r ned d Amount ing	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	of 10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natu of Indire Benefici Ownersh (Instr. 4)

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
MOOS WALTER H C/O RIGEL PHARMACEUTICALS, INC. 1180 VETERANS BLVD. SOUTH SAN FRANCISCO, CA 94025-3493	X					

Signatures

/s/ Dolly Vance (Attorney-in-Fact)	05/24/2019
**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 shall vest monthly over one (1) year from the date of grant subject to the reporting person's continuous service on the Company's Board of Directors.

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.