FORM 4

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

OMB APPR	ROVAL
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

(Print or Ty	pe response.	/																
	Name and Address of Reporting Person LYONS GARY A			2. Issuer Name and Ticker or Trading Symbol RIGEL PHARMACEUTICALS INC [RIGL]					1	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X_ Director 10% Owner								
	7	(First) MACEUTICAL D.		3. Date of Earliest Transaction (Month/Day/Year) 05/15/2020				Officer (giv	e title below)	Ot	her (specify belo	ow)						
SOUTH	SAN FRA	(Street) NCISCO, CA 94		4. If Ame	endment, I	Oate Or	iginal Filed(N	Month/Day/Year)		. Individual o X_Form filed by _Form filed by	One Reporting		••	ne)				
(City	y)	(State)	(Zip)			Table	I - Non-Der	ivative Securiti	es Acquire	ed, Disposed	of, or Bene	ficially Owi	ied					
1.Title of S (Instr. 3)	ecurity		2. Transaction Date (Month/Day/Year)	any	emed on Date, i	Code (Insti	. (4. Securities Acc (A) or Disposed (Instr. 3, 4 and 5	of (D) Or) Tr			Owned Following Reported Transaction(s)		Transaction(s)			ially 6. 7. Nate Ownership of Indi Form: Benefi Direct (D) Owner or Indirect (Instr.	
						Co	ode V	Amount (A) or	Price	(I)								
Reminder:	Report on a s	separate line for each	class of securities	beneficia	lly owned	directly	Persor in this	ns who respo form are not ys a currently	required t	to respond	unless the		ned SEC	1474 (9-02)				
			Table II -	Derivati	ve Securi	ties Ac	Persor in this display quired, Disp s, options, co	ns who responding who responding to the form are not a currently cosed of, or Benumertible secu	required to valid OM eficially Orities)	to respond IB control r Owned	unless the	e form		, ,				
1. Title of Derivative Security	2. Conversion	3. Transaction	Table II - 3A. Deemed Execution Date, if	Derivati (e.g., put 4. Transac Code	ive Securits, calls, we for Do Security or Di of (Do of (D	mber erivative rities ired (Asposed)	Persor in this display quired, Disp s, options, co 6. Date Ex Expiration (Month/Da	ns who responder are not year a currently cosed of, or Benonvertible securer cisable and Date	required to valid OM eficially Orities)	to respond IB control r Owned and Amount rlying es	unless the number.		of 10. Ownersi Form of y Derivati Security Direct (i or Indire	11. Nature of Indire Benefici ve Ownersl (Instr. 4)				
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction	Table II - 3A. Deemed Execution Date, if any	Derivati (e.g., put 4. Transac Code	ive Securits, calls, was tition of Do Security or Di of (Instrumental Instrumental	ties Ac arrant mber crivative cities ired (A sposed)	Persor in this display quired, Disp s, options, co 6. Date Ex Expiration (Month/Da)	ns who respons form are not yes a currently cosed of, or Ben ponvertible seculor ercisable and Date any/Year)	required to valid OM eficially Orities) 7. Title a of Under Securitie	to respond IB control r Owned and Amount rlying es	8. Price of Derivative Security	9. Number Derivative Securities Beneficially Owned Following Reported	of 10. Ownersi Form of y Derivati Security Direct (i or Indire	11. Naturof Indire Benefici Ownersl (Instr. 4)				

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
LYONS GARY A C/O RIGEL PHARMACEUTICALS, INC. 1180 VETERANS BLVD. SOUTH SAN FRANCISCO, CA 94080	X					

Signatures

/s/Dolly Vance (Attorney-in-Fact)	05/15/2020
**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 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.