## FORM 4

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

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OMB Number:	3235-028
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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															
1. Name and Address of Reporting Person VANCE DOLLY  (Last) (First) (Middle)  RIGEL PHARMACEUTICALS, INC.,, 1180  VETERANS BLVD.  (Street)  SOUTH SAN FRANCISCO, CA 94080  (City) (State) (Zip)				Susuer Name and Ticker or Trading Symbol RIGEL PHARMACEUTICALS INC [RIGL]     Date of Earliest Transaction (Month/Day/Year) 01/20/2005							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner X_Officer (give title below) Other (specify below)  VP Intel. Prop.& Gen.Counsel  6. Individual or Joint/Group Filing/Check Applicable Line) X_Form filed by One Reporting Person Form filed by More than One Reporting Person					
										X						
				4. If Amendment, Date Original Filed(Month/Day/Year)  Table I - Non-Derivative Securities Acqui											_X_ Fo	
															Acquired, I	
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye;		2A. Deemed Execution Date, any (Month/Day/Yea		Date, if	(Instr. 8)		(A) (Inst	ecurities Acquired or Disposed of tr. 3, 4 and 5)  (A) or ount (D)	(D) Owne Transa	Owned Followin Transaction(s) (Instr. 3 and 4)		) ] (	Ownership form: Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Reminder:	Report on a	separate fine for each	i class of securities t	CHCHCIC	,			Pers	ons v	vho respond						474 (9-02)
Reminder:	Report on a s	separate fine for each		I - Deriv	vative	e Securiti	ies A	Pers in th a cu	sons whis for	m are not req y valid OMB o d of, or Benefic	uired to re control nui	spond ui nber.				474 (9-02)
1. Title of Derivative Security (Instr. 3)	2.	3. Transaction Date	Table I	I - Deriv (e.g., ) 4. Transac Code	vative puts, etion	e Securiti calls, wa 5. Numb	ies A arrar er ative s l (A) sed	Persin th a cu cquired, Dints, options. 6. Date Ex Expiration (Month/Da	isposed cercisal	m are not req y valid OMB of d of, or Benefic ertible securition	uired to re control nui	spond unber.	8. Price of	9. Number o Derivative Securities Beneficially Owned Following Reported Transaction(	To 10. Ownersl Form of Derivati Security Direct (I or Indirect) (I)	11. Natur of Indirec Beneficia Ownershi (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table I.  3A. Deemed Execution Date, if any	I - Deriv (e.g., ) 4. Transac Code	vative puts, etion	e Securiticalls, was 5. Numbo of Derive Securitie Acquired or Disposof (D) (Instr. 3,	ies A arrar er ative s l (A) sed	Persin th a cu cquired, Dints, options. 6. Date Ex Expiration (Month/Da	isposed cercisab Date ay/Year	m are not req y valid OMB of d of, or Benefic ertible securition	cially Owner es) 7. Title and of Underly Securities	spond unber.	8. Price of Derivative Security	9. Number o Derivative Securities Beneficially Owned Following Reported	T 10. Ownersl Form of Derivati Security Direct (I or Indire	11. Natur of Indirec Beneficia Ownershi (Instr. 4)

### **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
VANCE DOLLY RIGEL PHARMACEUTICALS, INC., 1180 VETERANS BLVD. SOUTH SAN FRANCISCO, CA 94080			VP Intel. Prop.& Gen.Counsel			

## **Signatures**

/s/Dolly Vance	02/01/2005
**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) Vests monthly over one year from 1/01/05.

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.
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