FORM 4

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

| ONB APPROV | AL |
|------------------------|----------|
| OMB Number: | 3235-028 |
| Estimated average bure | den |
| hours per response | 0. |

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

| 1. Name and Address of Reporting Person *- VANCE DOLLY (Last) (First) (Middle) RIGEL PHARMACEUTICALS, INC.,, 1180 VETERANS BLVD. (Street) SOUTH SAN FRANCISCO, CA 94080 | | | | 2. Issuer Name and Ticker or Trading Symbol RIGEL PHARMACEUTICALS INC [RIGL] 3. Date of Earliest Transaction (Month/Day/Year) 10/04/2005 | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 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_0 | | | | | v) | |
| | | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | | | | | X For | |
| (Ci | ty) | (State) | (Zip) | Table I - Non-Derivative Securities Acqu | | | | Acquired, D | uired, Disposed of, or Beneficially Owned | | | | | | |
| 1.Title of S (Instr. 3) | Security | | 2. Transaction Date (Month/Day/Ye: | Exec ar) any | Deemed cution Date on the Day/Y | e, if | Code (Inst | e (A r. 8) (In | Securities Acquir. (a) or Disposed of onstr. 3, 4 and 5) (b) (c) (d) or (d) or (e) (d) or (e) | (D) Owned Transa | | curities Ben g Reported | I I C | orm: | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| Reminder: | | | | | | | | | | | | | | | |
| reminder. | | | Table I | | | | | in this fo a curren quired, Dispos | who respond orm are not req tly valid OMB of sed of, or Benefic vertible securiti | uired to re control nun | spond ur nber. | | | | 1474 (9-02) |
| 1. Title of Derivative Security (Instr. 3) | | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if | (e.g.,) 4. Transac Code | 5. Notes tion of Do Secution of Di of (E | war umber erivati rities hired (spose 0) r. 3, 4 | rant ive i (A) | in this fo a curren quired, Dispos | orm are not req tly valid OMB of sed of, or Benefic vertible securition able and | uired to re control nun | spond unnber. I Amount | 8. Price of | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s | 10. Owners Form of Derivati Security Direct (or Indirect) | 11. Natur of Indire Beneficia Ownersh (Instr. 4) |
| 1. Title of Derivative Security | Conversion or Exercise Price of Derivative | Date | 3A. Deemed Execution Date, if any | (e.g.,) 4. Transac Code | 5. Notes tion of Description or Description of (Institute of Institute | mber erivati rities aired ((spose b)) r. 3, 4, | rant rive live live (A) ed | quired, Dispos ts, options, con 6. Date Exercis Expiration Date | orm are not req tly valid OMB of sed of, or Benefic vertible securition able and | control numbers of Underlying Securities | spond unnber. I Amount | 8. Price of Derivative Security | 9. Number of Derivative Securities Beneficially Owned Following Reported | 10. Owners Form of Derivati Security Direct (or Indire | 11. Natu of Indire Benefici. Ownersh (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 | 10/06/2005 |
|---------------------------------|------------|
| **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) The shares vest in equal monthly installments over four (4) years from the date of grant.

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. |
|--|
| r oterital persons who are to respond to the confection of information contained in this form are not required to respond unless the form displays a currently valid OMB number. |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |