## FORM 4

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

OIVIB APPRI	OVAL
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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

	pe Response														
Name and Address of Reporting Person *  Grossbard Elliott B				2. Issuer Name and Ticker or Trading Symbol RIGEL PHARMACEUTICALS INC [RIGL]      3. Date of Earliest Transaction (Month/Day/Year)     01/31/2007      4. If Amendment, Date Original Filed(Month/Day/Year)						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director I 10% Owner X Officer (give title below) Other (specify below)  Sr. VP Medical Development  6. Individual or Joint/Group Filing(Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(Last) (First) (Middle) RIGEL PHARMACEUTICALS, INC., 1180 VETERANS BLVD. (Street) SOUTH SAN FRANCISCO, CA 94080			X_(						)						
			_X_ For												
(Cit		(State)	(Zip)				Tab	le I - Non-Deri	vative Securities	Acquired, D	isposed o	f, or Benefi	cially Owned		
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Yes		Execution Date, if any (Month/Day/Year)		de (Astr. 8) (1	A) or Disposed of (nstr. 3, 4 and 5)  (A) or (A) or (D)	(D) Owned Transa	Owned Following Transaction(s) (Instr. 3 and 4)		) ] (	Ownership Form:	Beneficial Ownership				
Reminder:	Report on a s	separate line for each	class of securities b	enefici	ally o	whea are	,	Person	s who respond						474 (9-02)
Reminder:	Report on a s	separate line for each		I - Deri	ivativ	e Securiti	ies A	Persons in this f a current cquired, Dispo	orm are not recontly valid OMB of sed of, or Benefic	uired to rescontrol nun	spond ur nber.				474 (9-02)
1. Title of Derivative Security	•	3. Transaction	Table I  3A. Deemed Execution Date, if	I - Deri (e.g., 4. Transa Code	ivativ, puts	e Securiti , calls, wa 5. Numbe	ies A arrar er ative s l (A) sed	Personsin this fa current cquired, Disponts, options, color Expiration Dair (Month/Day/Y	orm are not rec ntly valid OMB of sed of, or Benefic envertible securities sable and	uired to rescontrol nun	Amount	8. Price of	9. Number o Derivative Securities Beneficially Owned Following Reported Transaction(	f 10. Ownersh Form of Derivativ Security: Direct (I or Indire	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 - Deri (e.g., 4. Transa Code	ivativ, puts	e Securiti, calls, wa 5. Numbo of Deriva Securitie Acquired or Dispos of (D) (Instr. 3, and 5)	ies A arrar er ative s l (A) sed	Personsin this fa current cquired, Disponts, options, color Expiration Dair (Month/Day/Y	orm are not rec ntly valid OMB of sed of, or Benefic envertible securities sable and	cially Owned es) 7. Title and of Underlyi Securities	Amount	8. Price of Derivative Security	9. Number o Derivative Securities Beneficially Owned Following Reported	f 10. Ownersh Form of Derivativ 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		
Grossbard Elliott B RIGEL PHARMACEUTICALS, INC. 1180 VETERANS BLVD. SOUTH SAN FRANCISCO, CA 94080			Sr. VP Medical Development			

## **Signatures**

/s/Dolly Vance (Attorney-in-Fact)	02/01/2007
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 1/01/07.

 $Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, {\it see}\ Instruction\ 6 for procedure.$ 

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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