(Print or Type Responses)

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

| OMB APPROVAL | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | |
| Estimated average burden | | | | | | | |
| hours per response | 0.5 | | | | | | |

longer subject to Section 16. Form 4 or Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Form 5 obligations may 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 | | | | 2. Issuer Name and Ticker or Trading Symbol RIGEL PHARMACEUTICALS INC [RIGL] | | | | | | | I | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | |
|---|---|------------------------|--|--|--|--------------|------------------------------|-------------------------|---|-------------------------|------------------|---|------------------|--------------|---|--|---------------------|
| (Last) (First) (Middle) RIGEL PHARMACEUTICALS, INC.,, 1180 VETERANS BLVD. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/31/2007 | | | | | | | X Officer (give title below) Other (specify below) SVP, Gen. Counsel, Corp. Sec. | | | | | |
| (Street) SOUTH SAN FRANCISCO, CA 94080 | | | | 4. If An | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | _X_ Fo | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person _Form filed by More than One Reporting Person | | | | | |
| (Cit | ty) | (State) | (Zip) | | | Tab | le I - N | on-D | erivativ | ve Securitie | s Acq | uired, I | Disposed of | , or Benefic | ially Owned | | |
| 1.Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Y | | | | (Instr. 8) | | 4. Securities Acquire (A) or Disposed of (I (Instr. 3, 4 and 5) | | | D) Owned Following Transaction(s) | | g Reported | | Ownership of B | eneficial |
| | | | | (Mon | th/Day/Year) | | ode | V | Amour | (A) or (D) | Price | (Instr. 3 and 4) | | | (| | Indirect (Instr. 4) |
| Reminder: | Report on a s | separate line for each | n class of securities b | II - Deriv | ative Securiti | ies Ac | ti c | erso nis fo urrer | orm are ntly val | e not requ lid OMB c | ired to ontro | o respo I numb | ond unles er. | | contained i displays a | n SEC 1 | 474 (9-02) |
| 1 77:1 6 | l _a | la m | 2. 5 . | | outs, calls, wa | | | | | | | | | lon: c | 0.37 | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | Execution Date, if | Code | 5. Number Derivative Securities Acquired (or Dispose (D) (Instr. 3, 4 and 5) | (A) ed of | 6. Date Expirat (Month | tion D | | and | of U Secu | Inderlying and Inderlying arities and and | J | | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(i | Ownersh Form of Derivativ Security: Direct (D or Indirects) | |
| | | | | | | | Date | | E | xpiration | Title | | Amount | | (Instr. 4) | (Instr. 4) | |

Exercisable

02/01/2007(1) 01/31/2017

Number

of Shares

103,788

\$0

103,788

D

Common

Stock

Reporting Owners

\$ 11.73

01/31/2007

Stock Option

(right to

buy)

| | | Relationships | | | | | | |
|---|--------------------------------|---------------|--------------|-------------------------------|-------|--|--|--|
| Reporting Owner | Reporting Owner Name / Address | | 10% Owner | Officer | Other | | | |
| VANCE DOLLY RIGEL PHARMAC 1180 VETERANS E SOUTH SAN FRAN | BLVD. | | | SVP, Gen. Counsel, Corp. Sec. | | | | |

Code

Α

(A)

103,788

(D)

Signatures

| /s/Dolly Vance | 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.
- (1) The shares vest monthly over one (1) year from 01/01/07.

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.