| FORM | 4 |
|------|---|
|------|---|

| Check this box if no |
|------------------------|
| longer subject to |
| Section 16. Form 4 or |
| Form 5 obligations may |
| continue. See |
| T ((1(1)) |

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

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

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 Instruction 1(b). Company Act of 1940

| (Fint of Type Responses) | | | | | | | | | | | |
|--|---|--|--|--|--|--|---|---|------------------------------------|--|-------------------------|
| 1. Name and Address of I Maynard Ryan D | 2. Issuer Name and Ticker or Trading Symbol RIGEL PHARMACEUTICALS INC [RIGL] | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director10% Owner | | | | |
| (Last) RIGEL PHARMAC VETERANS BLVD | 3. Date of Earliest Transaction (Month/Day/Year) 03/30/2009 | | | | | | X_Officer (give title below) Other (specify below) VP, CFO | | | | |
| SOUTH SAN FRAN | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| (City) | (State) | (Zip) | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | |
| (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | Execution Date, if | 3. Transaction Code (Instr. 8) Code V | | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or (D) Price | | f (D) | Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in SEC 1474 (9-02) this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

| | (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | |
|---|--|--------------------------|---|-----------------------|-----------|----------------------------|-----|---|--|-----------------|--------------------------------------|--|--|---------------------------------------|--|
| 1. Title of Derivative Security (Instr. 3) | Conversion | Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transac Code | tion) | 5. Number of Derivative | | 6. Date Exercisab Expiration Date (Month/Day/Year | 7. Title and Amount of Underlying Securities | | Derivative Security (Instr. 5) | Securities Beneficially Owned Following | Ownership Form of Derivative Security: Direct (D) or Indirect | Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Exercisable | Expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | (Instr. 4) | |
| Stock Option (Right to Buy) | \$ 6.49 | 03/30/2009 | | А | | 150,000 | | 04/30/2009 ⁽¹⁾ | 03/30/2019 | Common Stock | 150,000 | \$ 0 | 150,000 | D | |

Reporting Owners

| | Relationships | | | | | | |
|---|---------------|--------------|---------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| Maynard Ryan D RIGEL PHARMACEUTICALS, INC. 1180 VETERANS BLVD. SOUTH SAN FRANCISCO, CA 94080 | | | VP, CFO | | | | |

Signatures



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.

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.