# FORM 4

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

OIVIB APPE	ROVAL
OMB Number:	3235-0287
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houre par raenones	0.5

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

Name and Address of Reporting Person LYONS GARY A		2. Issuer Name and Ticker or Trading Symbol RIGEL PHARMACEUTICALS INC [RIGL]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director10% Owner							
(Last) (First) (Middle) RIGEL PHARMACEUTICALS, INC., 1180 VETERANS BLVD.			3. Date of Earliest Transaction (Month/Day/Year) 05/29/2009						e title below)		er (specify below	)		
(Street) SOUTH SAN FRANCISCO, CA 94080				4. If Amendment, Date Original Filed(Month/Day/Year)				_X_	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 Acqu					es Acquired	ired, Disposed of, or Beneficially Owned					
1.Title of S (Instr. 3)	1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year		2A. Deemed 3. Tran Execution Date, if Code		ansaction (	A. Securities Acq A) or Disposed (Instr. 3, 4 and 5) (A) or (A) or (D)	uired 5. A Owr Tran	mount of S	Securities Beneficially wing Reported		6. 7 Ownership of Form: B Direct (D)	. Nature f Indirect geneficial ownership (nstr. 4)		
			Table II -				display	form are not r ys a currently osed of, or Beno onvertible secur	valid OMB	control r		e IOIIII		
	Conversion	cise (Month/Day/Year)	Transaction 3A. Deemed Execution Date, if	4. 5. Num f Transaction of Deriv Code Securiti		mber	ber do Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative I Security (Instr. 5) I	Securities Beneficially Owned Following Reported		
1. Title of Derivative Security (Instr. 3)	or Exercise Price of Derivative	Date	Execution Date, if any	Transac Code	Secur Acqu or Dis of (D (Instr	ities ired (A) sposed ) . 3, 4,	(Month/Da	Date	of Underly Securities	ing	Derivative Security	Derivative Securities Beneficially Owned Following Reported	Ownership Form of Derivative Security: Direct (D) or Indirect	Beneficia Ownersh (Instr. 4)
Derivative Security	or Exercise Price of Derivative	Date	Execution Date, if any	Transac Code	Secur Acqu or Dis of (D (Instr	ired (A) sposed (A)	(Month/Da	Date ny/Year)  Expiration	of Underly Securities	ing	Derivative Security	Derivative Securities Beneficially Owned Following	Ownership Form of Derivative Security: Direct (D) or Indirect	of Indire Benefici Ownersh (Instr. 4)

### **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
LYONS GARY A RIGEL PHARMACEUTICALS, INC. 1180 VETERANS BLVD. SOUTH SAN FRANCISCO, CA 94080	X					

# **Signatures**

/s/Dolly Vance (Attorney-in-Fact)	05/29/2009
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).
- (  $\bf{1}$ ) The shares vest monthly over twelve ( $\bf{12}$ ) months 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.