FORM 4

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

OMB APPE	ROVAL
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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

1. Name and Address of Reporting Person * 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) Director 10% Owner						
(Last) (First) (Middle) RIGEL PHARMACEUTICALS, INC., 1180 VETERANS BLVD.			3. Date of Earliest Transaction (Month/Day/Year) 01/20/2010					X	X Officer (give title below) Other (specify below) VP, CFO						
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)					_X_ F	6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by More Reporting Person Form filed by More than One Reporting Person						
SOUTH SAN FRANCISCO, CA 94080 (City) (State) (Zip)										ired, Disposed of, or Beneficially Owned					
,			1	I		1									
(Instr. 3)		2. Transaction Date (Month/Day/Year)	any	on Date, if	Code (Instr.	(4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Owned Follow Transaction(s)		,		Ownership of B	7. Nature of Indirect Beneficial	
				(Month/	Day/Year)			· ·	A) or		(Instr. 3 and 4) Dire		or Indirect (I	wnership nstr. 4)	
						Coo	de V	Amount	(D) P	Price	2			(Instr. 4)	
Reminder:	Report on a s	separate fine for each	relass of securities		-5								tion contair e form	ed SEC 14	174 (9-02)
	·	separate fine for each		- Derivati	ve Securit	ies Acq	in this	form are of the second second for the second for th	not req ntly val	quired to alid OMB of the control of	respond control r	unless the		ned SEC 14	174 (9-02)
1. Title of	·	3. Transaction Date	Table II - 3A. Deemed Execution Date, if	Derivati (e.g., put 4. Transact Code	ve Securit is, calls, w 5. Nu of De Secur Acqui	mber rivative ities red (A) sposed	in this display uired, Disp options, c 6. Date Ex Expiration (Month/Da	form are in the second of the	Benefic securition of S	quired to alid OMB of the control of	respond control n ned Amount	unless the number.		of 10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indires Beneficial Ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II - 3A. Deemed Execution Date, if any	Derivati (e.g., put 4. Transact Code	ve Securit s, calls, w 5. Nu of De Secur Acqu or Dis of (D (Instr	ies Acq arrants mber rivative ities red (A) sposed	in this display uired, Disp options, c 6. Date Ex Expiration (Month/Da	form are in the second of the	Benefic securition of [1]	quired to alid OMB of Cially Own (ses) 7. Title and of Underlyi Securities	respond control n ned Amount	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	of 10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natu of Indire Benefici Ownersh (Instr. 4)

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

/s/ Dolly Vance (Attorney-in-Fact)	01/25/2010
**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) Vests monthly over one year from January 1, 2010.

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.