# FORM 4

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

OMB APPE	ROVAL
OMB Number:	3235-0287
Estimated average	burden
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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 * DELEAGE JEAN			2. Issuer Name and Ticker or Trading Symbol RIGEL PHARMACEUTICALS INC [RIGL]					1	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last) (First) (Middle) C/O RIGEL PHARMACEUTICALS, INC., 1180 VETERANS BLVD.				3. Date of Earliest Transaction (Month/Day/Year) 05/28/2010						Officer (giv	e title below)	Oth	er (specify below	7)
(Street) SOUTH SAN FRANCISCO, CA 94080				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				
(Cit		(State)	(Zip)	Table I - N				ivative Securiti	es Acquire	lired, Disposed of, or Beneficially Owned				
1.Title of S (Instr. 3)	Security	2. Transaction Date (Month/Day/		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr	nsaction 4. Securities Ac (A) or Disposed (Instr. 3, 4 and 2		of (D) Ov	5. Amount of Securities Beneficially Owned Following Reported Fransaction(s) Instr. 3 and 4)		Ownership o Form: B Direct (D) C	. Nature f Indirect Beneficial Ownership Instr. 4)	
						Co	de V	Amount (A) or (D)	Price				(I) (Instr. 4)	
Reminder:	Report on a	separate line for each	class of securities	Jenencia.	ily Owned	directly	Persoi	ns who respo					ned SEC 1	474 (9-02)
Reminder:	Report on a s	eparate line for eacl	Table II -	Derivati	ive Securi	ties Acc	Person in this display	ns who responsor of the second response of th	required to valid OM seficially O	to respond IB control r	unless the		ned SEC 1	474 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion	3. Transaction	Table II -	Derivati (e.g., put 4. Transac Code	ive Securits, calls, v  5. No of Do Secu Or D of (I	ties Accordance in the control of th	Person in this display  quired, Display  s, options, c  6. Date Ex Expiration (Month/Do	ns who responded form are not a currently as a currently cosed of, or Benonvertible secular cisable and Date	required t valid OM eficially O rities)	to respond IB control r Dwned and Amount Clying	unless the number.		Of 10. Ownershi Form of Derivative Security: Direct (D or Indirec	11. Natu p of Indire Benefici e 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. Transac Code	ive Securits, calls, v  5. Notion of D Security  Acquired or D of (I (Inst	ties Accordance amber erivative rities sposed (A sposed b) 1. 3, 4, (i)	Persoin this display d	ns who responsors a currently so and bate and bate and y/Year)	required t valid OM reficially Orities)  7. Title a of Under Securities	to respond IB control r Dwned and Amount Clying	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	Of 10. Ownershi Form of Derivative Security: Direct (D or Indirec	11. Natu p of Indire Benefici e Ownersl (Instr. 4)

### **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
DELEAGE JEAN C/O RIGEL PHARMACEUTICALS, INC. 1180 VETERANS BLVD. SOUTH SAN FRANCISCO, CA 94080	X					

## **Signatures**

/s/ Dolly Vance (Attorney-In-Fact)	05/28/2010
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) The shares vest monthly for twelve (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.