FORM 4

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

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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

	pe Response	5)													
1. 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_ Director 10% Owner				
(Last) (First) (Middle) C/O RIGEL PHARMACEUTICALS, INC., 1180 VETERANS BLVD.				3. Date of Earliest Transaction (Month/Day/Year) 05/28/2010						Office	(give title below)	Other	(specify below)		
(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 PersonForm filed by More than One Reporting Person					
(Cit	y)	(State)	(Zip)			Tab	le I - N	Non-Deriv	ative Securit	es Acqu	ired, Dispo	sed of, or Ben	eficially Owned	ı	
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea			any	Deemed eution Date, if nth/Day/Year)		(Instr. 8)		4. Securities Acqu (A) or Disposed o (Instr. 3, 4 and 5)				od Or Fo	wnership orm: Be drect (D) Ov	Nature Indirect eneficial wnership nstr. 4)	
							Code	V A	mount (A) or	Price			(I)		,
Reminder:	Report on a s	separate fine for each											tion containe	d SEC 14'	74 (9-02)
Reminder:	Report on a s	separate file for each		Derivati	ive Secu	rities A		in this for displays	orm are not s a currently sed of, or Ber	require valid O eficially	d to respo MB conti	nd unless th		d SEC 14'	74 (9-02)
1. Title of		3. Transaction Date	Table II - 3A. Deemed Execution Date, if	Derivati (e.g., pu 4. Transac Code	ive Secults, calls, 5. N Sec Or I of (fumber fu	r 6. Ex (N (A) ed	in this for displays red, Disportions, con	orm are not sa currently sed of, or Ber avertible securcisable and Date	require valid O eficially rities) 7. Title of Und Securi	d to respondence of the control of t	ond unless the ol number.	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I)	11. Natur of Indirec Beneficia
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., pu 4. Transac Code	ive Secults, calls, 5. N tion of I Sec or I of ((Ins	fumber fumberivat derivat dispose Dispose 55)	r 6. ive Ex (N ed)	in this for displays red, Dispositions, contraction I	orm are not s a currently sed of, or Betwertible securcisable and Date //Year)	require valid O eficially rities) 7. Title of Und Securi	d to respond to respond to respond to respond to the control of th	and unless the ol number. 8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indirec Beneficia Ownersh

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
LYONS GARY A 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.