# FORM 4

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

OMB APPR	OVAL
OMB Number:	3235-0287
Estimated average b	ourden
hours per response	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

(1 Tillt Of Ty	pe Response	3)														
1. Name and Address of Reporting Person * Goodwin Bradford S				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) 05/23/2012							Officer (giv	e title below)	Otl	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 PersonForm filed by More than One Reporting Person					
(Cit	y)	(State)	(Zip)			Ta	ble I	- Non-Deri	vative Secu	urities	s Acquired	l, Disposed	of, or Bene	ficially Own	ed	
1.Title of S (Instr. 3)	Instr. 3) Date		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution E any (Month/Day		, if C		(4	4. Securities Acq (A) or Disposed (Instr. 3, 4 and 5)		f (D) Ow Trai	5. Amount of Securities Ber Owned Following Reported Transaction(s) (Instr. 3 and 4)		d	Ownership Form: Direct (D)	Beneficial Ownership
							Cod	e V A		A) or (D)	Price				or Indirect (In (I) (Instr. 4)	instr. 4)
Reminder:								in this f	orm are r	not re	equired to		unless the	tion contain form	ned SEC 1	474 (9-02)
								in this f	orm are r	not re	equired to	respond	unless the		ned SEC 1	474 (9-02)
1. Title of	Conversion or Exercise Price of Derivative	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transac Code	ts, calls tion of Se Acor	Number Derivation of the curities of the curit	er ntive s	in this f	s a current seed of, or neertible sections.	not rently v Beneficecuri	equired to ralid OMB ficially Ow	o respond B control r rned d Amount ring	unless the number.	9. Number of Derivative Securities Beneficially Owned	of 10. Ownersh Form of Derivativ Security:	11. Natur p of Indired Beneficia e Ownersh (Instr. 4)
1. Title of Derivative Security	Conversion or Exercise Price of	Date	3A. Deemed Execution Date, if any	4. Transac Code	ts, calls 5. tion of Se or of (Ir	Number Derivation of the curities equired Dispose (D) estr. 3,	ants, er ative s l (A) sed	in this t display uired, Dispo options, co 6. Date Exe Expiration	s a current seed of, or neertible sections.	not rently v Beneficecuri	equired to valid OMB ficially Ow ties)  7. Title and of Underly Securities	o respond B control r rned d Amount ring	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	Ownersh Form of Derivativ Security: Direct (Dor Indirect	11. Natur p of Indired Beneficiae Ownersh (Instr. 4)
1. Title of Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transac Code	ts, calls 5. tion of Se Acor of (Ir an	Numbo Deriva curities quired Dispos (D) estr. 3,	er attive s l (A) sed 4,	in this t display uired, Dispo options, co 6. Date Exe Expiration	orm are resident of the second	Benefacturi	equired to valid OMB ficially Ow ties)  7. Title and of Underly Securities	o respond B control r rned d Amount ring	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following	Ownersh Form of Derivativ Security: Direct (Dor Indirect	11. Natur p of Indired Beneficial Ownersh (Instr. 4)

### **Reporting Owners**

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

## **Signatures**

/s/Dolly Vance (Attorney-in-Fact)	05/24/2012
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.