## FORM 4

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

OMB APPROV	'AL
OMB Number:	3235-028
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hours per response	0.

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													
1. Name and Address of Reporting Person* PAYAN DONALD G				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 X_ Officer (give title below)				
(Last) (First) (Middle) RIGEL PHARMACEUTICALS, INC., 1180 VETERANS BLVD.				3. Date of Earliest Transaction (Month/Day/Year) 01/30/2013										
(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				
(City) (State) (Zip)			Table I - Non-Derivative Securities Acqu					ties Acquir	uired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Yea		2A. Deemed Execution Date any (Month/Day/Y		f Code (Instr		4. Securities Ac (A) or Disposec (Instr. 3, 4 and	of (D) (5) T				Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
						Co	de V	Amount (A) o	r Price				(I) (Instr. 4)	
								ons who respo						1474 (9-02)
			Table II				in thi a cur quired, Dis	s form are not rently valid OM posed of, or Be	required IB contro	to respond υ ol number.				14/4 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transact	5. Number of Security Acquired	mber of ative ties red (A) posed of	in thi a cur quired, Dis s, options, 6. Date E Expiratio (Month/I	s form are not rently valid On posed of, or Ber convertible secu xercisable and	required IB contro neficially Crities)	to respond uple number.  Owned  and Amount rlying es	8. Price of	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(	f 10. Owners: Form of Derivati Security Direct (1 or Indirect)	11. Natur of Indirec Beneficia Ownersh : (Instr. 4)
Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transact	5. Nur Secur Acqui or Dis (D) (Instr.	warrant mber of ative ties red (A) posed of	in thi a cur quired, Diss, options, 6. Date Expiratio (Month/I	s form are not rently valid ON posed of, or Berconvertible security varies and n Date Day/Year)	required 1B contro  reficially Crities)  7. Title a of Under Securities	to respond uple number.  Owned  and Amount rlying es	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	f 10. Owners: Form of Derivati Security Direct (l or Indire	11. Natur of Indirec Beneficia Ownersh : (Instr. 4)

### **Reporting Owners**

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
PAYAN DONALD G RIGEL PHARMACEUTICALS, INC, 1180 VETERANS BLVD. SOUTH SAN FRANCISCO, CA 94080	X		EVP, Pres. Discovery&Research		

### **Signatures**

/s/ Dolly Vance (Attorney-in-Fact)	01/31/2013
**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 two (2) years from January 1, 2013.

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 no	ot required to respond unless the form displays a currently valid OMB number.