FORM 4

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

OMB APPR	OVAL
OMB Number:	3235-0287
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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:	3)														
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) 05/15/2013							Officer (give	e 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)			Ta	ble I -	- Non-Deri	vative Securi	ies Acqu	ıired, I	Disposed	of, or Bene	ficially Owned	1	
1.Title of S (Instr. 3)				2A. Dec Execution any (Month)	on Date	, if C	3. Transaction Code (Instr. 8)		4. Securities Acqu (A) or Disposed o (Instr. 3, 4 and 5)					Ow For Dir	wnership orm: Be irect (D) Ov	Nature Indirect eneficial wnership astr. 4)
							Code	e V A	mount (A) (C)	r Price			(I) (Instr. 4)			
Reminder:	report on u.s	- F			7			Person in this f	s who respo	require	d to re	espond	unless the	tion containe form	d SEC 14	74 (9-02)
Keininder:	report on a c			Derivati	ive Secu	rities		Person in this f display	s who respo form are not s a currently sed of, or Be	require valid (ed to re OMB c	espond ontrol n	unless the		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 Secuts, calls 5. tion of Se or of (Ir	rities warr	er (tive list) (A) sed	Person in this to display tired, Disposoptions, co. 6. Date Exercise 1. Person in this tired, and the continuous continuous co.	s who responder are not so a currently used of, or Be invertible securisable and Date	require valid Coneficially rities) 7. Title of Un- Securi	ed to re OMB c y Owner le and A derlyin	espond ontrol n ed Amount	unless the umber.		10. Ownership Form of Derivative Security: Direct (D) or Indirect	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 Secuts, calls 5. tion of Se) Acoror of (Ir an	Number Derivative quired Dispose (D) str. 3,	er (titive lass (A)) sed	Person in this to display tired, Disposoptions, co 6. Date Exe Expiration	s who responder are not seen of, or Benvertible seen crisable and Date //Year)	require valid Coneficially rities) 7. Title of Un- Securi	ed to reDMB c y Owner le and A derlyin, ities . 3 and 4	espond ontrol n ed Amount	8. Price of Derivative Security	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)	05/28/2013
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) 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.