FORM 4

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

OMB APPROVAL					
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

1. Name and Address of Reporting Person * MOOS WALTER H			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					
(Last) (First) (Middle) C/O RIGEL PHARMACEUTICALS, INC., 1180 VETERANS BLVD.				3. Date of Earliest Transaction (Month/Day/Year) 05/15/2013						Officer (giv	e title below)	Oti	ner (specify below	7)
(Street)				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				
SOUTH (Cit		NCISCO, CA 94 (State)	(Zip)											
		(3.3.1)						vative Securiti		•		•		
1.Title of S (Instr. 3)	Title of Security (nstr. 3)		2. Transaction Date (Month/Day/Year)) any	on Date, if		4. Securities Acq (A) or Disposed (Instr. 3, 4 and 5)		of (D) Ov Tra	Amount of Securities Beneficially wned Following Reported ansaction(s)		Ownership Form:	Beneficial	
				(Month	/Day/Year)	Coo	de V A	(A) or (D)		(Instr. 3 and 4)			Direct (D) Ownersh or Indirect (Instr. 4) (I) (Instr. 4)	
							in this	s who respor	equired t	o respond	unless the		ned SEC 1	474 (9-02)
							in this display	form are not i is a currently osed of, or Ben	equired to valid OMI eficially Ov	o respond B control r	unless the		ned SEC 1	474 (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	(e.g., pu 4. Transac Code	5. Number of Des	mber rivative ties red (A) posed	in this display	form are not its a currently osed of, or Ben onvertible securercisable and Date	equired to valid OMI eficially Ovities)	o respond B control r wned nd Amount lying s	unless the		of 10. Ownersh Form of Derivativ Security: Direct (D or Indirec	11. Natur of Indirect Beneficia Ownershi (Instr. 4)
Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	(e.g., pu 4. Transac Code	ts, calls, watton of Dea Securior Distor (Instr.)	mber rivative ties red (A) posed	in this display quired, Display 6, options, co 6. Date Exc Expiration (Month/Da	form are not use a currently cosed of, or Ben envertible secure creasable and Date y/Year)	required to valid OMI reficially Orities) 7. Title are of Underly Securities	o respond B control r wned nd Amount lying s	8. Price of Derivative Security (Instr. 5)	9. Number Derivative Securities Beneficially Owned Following Reported	of 10. Ownersh Form of Derivativ Security: Direct (D or Indirec	11. Natur of Indired Beneficia Ownersh (Instr. 4)

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
MOOS WALTER H C/O RIGEL PHARMACEUTICALS, INC. 1180 VETERANS BLVD. SOUTH SAN FRANCISCO, CA 94025-3493	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.