longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

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* Maynard Ryan D			2. Issuer Name and Ticker or Trading Symbol RIGEL PHARMACEUTICALS INC [RIGL]					5. I	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(Last) (First) (Middle) RIGEL PHARMACEUTICALS, INC., 1180 VETERANS BLVD.			3. Date of Earliest Transaction (Month/Day/Year) 02/27/2014					X	X Officer (give title below) Other (specify below) EVP & CFO						
(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 Person _Form filed by More than One Reporting Person						
(City) (State) (Zip)			(Zip)	Table I - Non-Derivative Securities Acqu					es Acquired	uired, Disposed of, or Beneficially Owned					
1.Title of S (Instr. 3)	Security		2. Transaction Date (Month/Day/Year	r) any	eemed tion Date h/Day/Ye	, if Cod (Ins	ransact e tr. 8)	(1	A) or Disposed of Instr. 3, 4 and 5) (A) or (D) (A) or (D)	of (D) Ow Tra	Amount of Soned Followinsaction(s) str. 3 and 4)		O Fo D or (I	wnership orm: irect (D)	Beneficial Ownership
Reminder:	Report on a	separate line for each	h class of securities b	peneficiall	ly owned	directly	F	Person	s who respon						474 (9-02)
Reminder:	Report on a	separate line for each		- Derivat	tive Secu	urities A	i i a cquire	Person in this t a curre	form are not r ntly valid OMI osed of, or Bene	equired to B control r eficially Ow	respond ι number.				474 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date	Table II 3A. Deemed Execution Date, if	- Derivat (e.g., pu 4. Transacti Code	tive Secu its, calls 5. N ion Deri Secu Acq or D	urities A., warran umber of vative urities uired (A) isposed	cquirects, opt	Person in this f a curre ed, Dispo	form are not rently valid OMI osed of, or Beneral osecure of the secure	equired to B control r eficially Ow	respond unumber. ned I Amount ing	8. Price of	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s)	10. Ownersh Form of Derivativ Security: Direct (I or Indire	11. Nature of Indire Benefici Owners! (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II 3A. Deemed Execution Date, if any	- Derivat (e.g., pu 4. Transacti Code	tive Secu its, calls 5. N ion Deri Secu Acq or E (D) (Ins and	urities A., warran umber of vative urities uired (A) isposed	cquirects, opt f 6. Exp (Mo	Person in this t a curre ed, Dispo tions, co Date Exe piration onth/Da	form are not r ntly valid OMI osed of, or Bene nvertible secur ercisable and Date y/Year)	equired to 3 control r eficially Ow ities) 7. Title and of Underly Securities	respond unumber. ned I Amount ing	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	10. Ownersh Form of Derivativ Security: Direct (I or Indire	11. Nature of Indire Beneficity Owners! (Instr. 4)

Reporting Owners

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Maynard Ryan D RIGEL PHARMACEUTICALS, INC. 1180 VETERANS BLVD. SOUTH SAN FRANCISCO, CA 94080			EVP & CFO		

Signatures

/s/ Dolly Vance (Attorney-in-Fact)	03/03/2014
**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 four (4) years from January 1, 2014.

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.