# FORM 4

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

| ONB APPRO             | IVAL      |
|-----------------------|-----------|
| OMB Number:           | 3235-0287 |
| Estimated average but | urden     |
| 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

| Name and Address of Reporting Person LYONS GARY A                            |                                                     |              | 2. Issuer Name and Ticker or Trading Symbol RIGEL PHARMACEUTICALS INC [RIGL] |                                                             |                                                                                          |                                              |                                                                       | 1                                                                                          | 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) 05/21/2014 |                                                                                          |                                              |                                                                       |                                                                                            |                                                                                              |                                                                                                                                                  | e title below)                  |                                                                                            | er (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 |                                 |                                                                                            |                                                                           |                                                     |
|                                                                              |                                                     | NCISCO, CA 9 |                                                                              |                                                             |                                                                                          |                                              |                                                                       |                                                                                            |                                                                                              |                                                                                                                                                  |                                 |                                                                                            |                                                                           |                                                     |
| (Cit                                                                         | (City) (State) (Zip)                                |              |                                                                              |                                                             | Table I - Non-Derivative Securities Acqu                                                 |                                              |                                                                       |                                                                                            |                                                                                              | ired, Disposed of, or Beneficially Owned                                                                                                         |                                 |                                                                                            |                                                                           |                                                     |
| 1.Title of Security<br>(Instr. 3)                                            |                                                     |              | 2. Transaction<br>Date<br>(Month/Day/Year)                                   | any                                                         | emed<br>on Date, if<br>/Day/Year)                                                        |                                              | (.                                                                    | A) or Disposed (Instr. 3, 4 and 5)                                                         | of (D) Ov<br>Tra                                                                             | Amount of Securities Beneficially<br>Owned Following Reported<br>Fransaction(s)<br>Instr. 3 and 4)                                               |                                 | d                                                                                          | Ownership<br>Form:                                                        | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership |
|                                                                              |                                                     |              |                                                                              | (WOILLI                                                     | Day/Tear)                                                                                | Co                                           | de V A                                                                | (A) or (D)                                                                                 | Price                                                                                        | isu. 5 and 4)                                                                                                                                    |                                 |                                                                                            |                                                                           | Instr. 4)                                           |
|                                                                              |                                                     |              |                                                                              |                                                             |                                                                                          |                                              |                                                                       | s who respon                                                                               |                                                                                              |                                                                                                                                                  |                                 |                                                                                            | ieu sec i                                                                 | 4/4 (3-02)                                          |
|                                                                              |                                                     |              |                                                                              |                                                             |                                                                                          |                                              | display                                                               | form are not r<br>s a currently<br>osed of, or Bend<br>nvertible secur                     | valid OMI                                                                                    | B control r                                                                                                                                      |                                 | e form                                                                                     |                                                                           |                                                     |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                          |                                                     |              | 3A. Deemed<br>Execution Date, if                                             | 4.<br>Transac<br>Code                                       | 5. Nur<br>of Der<br>Securi                                                               | mber<br>rivative<br>ties<br>red (A)<br>posed | display quired, Dispos, options, co 6. Date Exce Expiration (Month/Da | s a currently  osed of, or Beno  nvertible secur  ercisable and  Date                      | valid OMI                                                                                    | wned and Amount lying                                                                                                                            | 8. Price of                     | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction       | Ownershi<br>Form of<br>Derivativ<br>Security:<br>Direct (D<br>or Indirect | Beneficia<br>Ownersh<br>(Instr. 4)                  |
| Derivative<br>Security                                                       | Conversion<br>or Exercise<br>Price of<br>Derivative | Date         | 3A. Deemed<br>Execution Date, if<br>any                                      | 4.<br>Transac<br>Code                                       | ts, calls, wa<br>tion 5. Nun<br>of Der<br>Securi<br>Acqui<br>or Dis<br>of (D)<br>(Instr. | mber<br>rivative<br>ties<br>red (A)<br>posed | display quired, Dispos, options, co 6. Date Exc Expiration (Month/Da) | es a currently  osed of, or Benevitible security  recisable and  Date  y/Year)  Expiration | ratic OMI eficially Ovities)  7. Title ar of Underl Securities                               | wned and Amount lying                                                                                                                            | 8. Price of Derivative Security | 9. Number of<br>Derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported | Ownershi<br>Form of<br>Derivativ<br>Security:<br>Direct (D<br>or Indirect | of Indire<br>Beneficia<br>Ownersh<br>(Instr. 4)     |

### **Reporting Owners**

|                                                                                                         | Relationships |              |         |       |  |  |
|---------------------------------------------------------------------------------------------------------|---------------|--------------|---------|-------|--|--|
| Reporting Owner Name / Address                                                                          | Director      | 10%<br>Owner | Officer | Other |  |  |
| LYONS GARY A<br>C/O RIGEL PHARMACEUTICALS, INC.<br>1180 VETERANS BLVD.<br>SOUTH SAN FRANCISCO, CA 94080 | X             |              |         |       |  |  |

## **Signatures**

| /s/Dolly Vance (Attorney-in-Fact) | 05/21/2014 |
|-----------------------------------|------------|
| 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) 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.