FORM 4

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

OMB APP	ROVAL
OMB Number:	3235-0287
Estimated average	burden
houre par raenones	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

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_ Director10% Owner						
C/O RIG	(Last) (First) (Middle) C/O RIGEL PHARMACEUTICALS, INC., 1180 /ETERANS BLVD.				3. Date of Earliest Transaction (Month/Day/Year) 05/21/2014						Officer (giv	e title below)	Oth	er (specify belo	w)
(Street) SOUTH SAN FRANCISCO, CA 94025-3493			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 PersonForm filed by More than One Reporting Person						
(Cit		(State)	(Zip)	Table I - Non-Derivative Securities Acqu					s Acquired	uired, Disposed of, or Beneficially Owned					
1.Title of S (Instr. 3)	Security		2. Transaction Date (Month/Day/Year)		on Date	e, if C		4. Securities Acqu (A) or Disposed of (Instr. 3, 4 and 5)		of (D) Own Tran	ned Follow nsaction(s)			Form:	7. Nature of Indirect Beneficial
				(Month	/Day/Y	ear)	Cod	e V A	(A) or (D)	Price				Ownership (Instr. 4)	
Reminder:	Report on a s	separate line for each	class of securities l	beneficial	ly own	ed dire	ctly o	Person	s who respon					ed SEC	1474 (9-02)
Reminder:	Report on a s	separate line for each	Table II -	Derivati	ve Sec	urities	Acqı	Personing this followed the display the di	s who respon orm are not r s a currently sed of, or Bend	equired to valid OMB eficially Ow	respond control r	unless the		ned SEC	1474 (9-02)
1. Title of		3. Transaction	Table II - 3A. Deemed Execution Date, if	Derivati (e.g., put 4. Transaci Code	ve Sects, calls 5. of Se or of (Ii	urities s, warr Number Deriva ccurities cquired Dispos (D) nstr. 3,	Acquants, er attive s	Person in this f display	s who respon orm are not r s a currently sed of, or Bend nvertible secur reisable and Date	equired to valid OMB eficially Ow	respond control r ned d Amount ing	unless the number.	9. Number of Derivative Securities Beneficially Owned Following Reported	Of 10. Ownersl Form of Derivati Security Direct (I or Indire	11. Natur of Indirec Beneficia Ownershi (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	Derivati (e.g., put 4. Transaci Code	ve Sects, calls 5. of Se or of (Ii	urities s, warr Numbe Deriva curities cquired Dispos	Acquants, er attive s	Personin this findisplay	s who respon orm are not r s a currently sed of, or Bend nvertible secur reisable and Date //Year)	equired to valid OMB eficially Ow ities) 7. Title and of Underly Securities	respond control r ned d Amount ing	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following	Of 10. Ownersl Form of Derivati Security Direct (I or Indire	11. Natur of Indirec Beneficia Ownershi (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)	05/21/2014
**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.