FORM 4

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

OMB APPR	OVAL
OMB Number:	3235-0287
Estimated average	burden
houre por roeponeo	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

(Finit of Ty	pe Response	-,														
1. Name and Address of Reporting Person* Maynard Ryan D			2. Issuer Name and Ticker or Trading Symbol RIGEL PHARMACEUTICALS INC [RIGL]						5. Re	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) 02/01/2011						X	X Officer (give title below) Other (specify below) EVP & CFO					
SOUTH	SAN FRA	(Street) NCISCO, CA 94		4. If Ame	endment	Date (Origina	nal Filed(Mo	nth/Day/Year)		_X_ F	orm filed by	One Reporting	p Filing(Check Person Reporting Person		e)
(Cit	y)	(State)	(Zip)			Tab	le I - N	Non-Deriv	ative Secur	ities A	Acquired,	Disposed	of, or Bene	ficially Own	ed	
1.Title of S (Instr. 3)	Security		2. Transaction Date (Month/Day/Year)	any	emed on Date,	if Co (In	Transa de str. 8)	(A	Securities A) or Dispos nstr. 3, 4 and	ed of ((D) Ownor	Transaction(s) Form: (Instr. 3 and 4) Direct (or Indir (I)		Ownership Form:	7. Nature of Indirect Beneficial Ownership	
						1.	Code	V Aı	mount (A)		rice				or Indirect (I (I) (Instr. 4)	
Reminder:	Report on a s	separate line for each	retass of securities	beneficia	ny owne	1 direc	tly or i	Persons in this fo		t requ	uired to	respond	unless the	tion contain form	ned SEC 1	474 (9-02)
Reminder:	Report on a s	separate line for each						Persons in this fo displays	orm are no a current	t requ ly val	uired to I	respond control r	unless the		ned SEC 1	474 (9-02)
1. Title of Derivative Security	2. Conversion	3. Transaction Date	Table II - 3A. Deemed Execution Date, if	Derivati (e.g., pu 4. Transac Code	ive Secu ts, calls, 5.1 Sec) Acc or l	rities Awarra [umber] [umber] [urities guired of Dispose D)	Acquir nts, op r 6. ive Ex (A)	Persons in this fo displays red, Dispos ptions, cor	s a current sed of, or B vertible se reisable and Date	enefici curitie	uired to did OMB of	respond control r red Amount	unless the umber.	9. Number of Derivative Securities Beneficially Owned Following	of 10. Ownersh Form of Derivativ Security: Direct (I	11. Natur of Indire Beneficis Ownersh (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., pu 4. Transac Code	ive Secu ts, calls, 5.1 Sec) Acc or l	warra fumber fumber furities fuired foispose foi	Acquir nts, op r 6. ive Ex (A)	Persons in this for displays red, Dispos ptions, cor Date Exercise Expiration I	s a current sed of, or B vertible se reisable and Date	enefici curitie	uired to blid OMB of cially Ownes) Title and f Underlying ecurities	respond control r red Amount	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned	of 10. Ownersh Form of Derivativ Security: Direct (E or Indirec	11. Natur of Indire Beneficis Ownersh (Instr. 4)
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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)	02/02/2011
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 one (1) year from January 1, 2011.

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.