FORM 4

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

OMB APPR	OVAL
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

	pe Response	0)														
1. Name and Address of Reporting Person* RINGROSE PETER S			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 10% Owner						
(Last) (First) (Middle) C/O RIGEL PHARMACEUTICALS, INC., 1180 VETERANS BLVD.				3. Date of Earliest Transaction (Month/Day/Year) 05/21/2014							Officer (give	e title below)	Other	(specify below)		
(Street) SOUTH SAN FRANCISCO, CA 94080				4. If Amendment, Date Original Filed(Month/Day/Year)						_X_ F	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person					
(Cit	y)	(State)	(Zip)			Ta	ble I -	- Non-Deri	vative Secur	ities Ac	quired,	Disposed	of, or Bene	ficially Owned	I	
1.Title of S (Instr. 3)				any	eemed ion Date, if n/Day/Year)		(Instr. 8)		4. Securities Acqu (A) or Disposed o (Instr. 3, 4 and 5)					d O'Fo	wnership orm: Be irect (D) Ov Indirect (Ir	Nature Indirect eneficial wnership astr. 4)
							Code	e V A	mount (A)		ce			(I)	nstr. 4)	
Reminder:	Report on a s	separate fine for each	relass of securities	ochericia.	,		<u> </u>	Person in this	s who resp form are no	t requi	ired to	respond	unless the	tion containe e form	d SEC 14	74 (9-02)
Keminder:	Report on a s	separate file for each		Derivati	ive Secu	rities	Acqu	Person in this d display	s who resp form are no s a current osed of, or B	t requi ly valid eneficia	ired to a did OMB of	respond control n	unless the		d SEC 14'	74 (9-02)
1. Title of		3. Transaction Date	Table II - 3A. Deemed Execution Date, if	Derivati (e.g., pu 4. Transac Code	ive Secuts, calls 5. tion of Se or of (Ir	rities warr	Acqueants, er attive s l (A) sed	Person in this display nired, Disposoptions, co	s who resp form are no s a current osed of, or B nvertible se ercisable and Date	eneficial curities)	ired to it of the original of	respond control n ned Amount	unless the umber.		10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction	Table II - 3A. Deemed Execution Date, if any	Derivati (e.g., pu 4. Transac Code	ive Secuts, calls 5. tion of Se) Acoror of (Ir an	Number Deriva quired Dispose (D) str. 3,	Acquants, er er attive s l (A) sed 4,	Person in this in display nired, Disposortions, co	s who resp form are no s a current osed of, or B nvertible se- recisable and Date y/Year)	eneficial curities)	ired to a dome of OMB o	respond control n ned Amount	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indirec Beneficia Ownersh

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
RINGROSE PETER S C/O RIGEL PHARMACEUTICALS, INC. 1180 VETERANS BLVD. 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.