SEC	Form	4
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FORM 4

Check this box if no 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

	Check this box to indicate that a
	transaction was made pursuant to a
-	contract, instruction or written plan for the
	purchase or sale of equity securities of the
	issuer that is intended to satisfy the

affirmative defense conditions of Rule

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1003-1(0). See Instruction 10.								
1. Name and Address of Reporting Person [*] Schorno Dean L	2. Issuer Name and Ticker or Trading Symbol <u>RIGEL PHARMACEUTICALS INC</u> [RIGL]		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) (Middl RIGEL PHARMACEUTICALS, INC.	3. Date of Earliest Transaction (Month/Day/Year) 01/29/2025	x	Officer (give title below) EVP & Chief Fin	Other (specify below)				
611 GATEWAY BLVD, SUITE 900 (Street) SOUTH SAN FRANCISCO CA 94080	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv X	Form filed by One Re	ng (Check Applicable Line) sporting Person an One Reporting Person				
(City) (State) (Zip)								

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transac Code (Ir 8)		4. Securities Ac Disposed Of (D			Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	(Instr. 3 and 4)	action(s) (Instr. 3 and 4)	
Common Stock	01/29/2025		A		19,717(1)	Α	\$ <mark>0</mark>	61,005 ⁽²⁾⁽³⁾	D	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code (In 8)		Derivativ Securitie Acquired Dispose	rivative Expiration Date curities (Month/Day/Year) quired (A) or sposed of (Instr. 3, 4		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		
Employee Stock Option (Right to Buy)	\$22.49	01/29/2025		A		14,788		(4)	01/29/2035	Common Stock	14,788	\$0	14,788	D	

Explanation of Responses:

1. The shares of common stock are to be acquired upon the vesting of a Restricted Stock Unit award granted to the Reporting Person. The Restricted Stock Units shall vest annually over three (3) years from February 10, 2025, with the first annual vest occurring on February 10, 2026.

2. This number has been adjusted to reflect the one-for-ten reverse stock split effective June 27, 2024.

3. Includes 999 shares acquired under the Issuer's stock purchase plan.

4. The shares of common stock subject to the option vest monthly over three (3) years from the vesting commencement date of January 29, 2025, subject to the Reporting Person's continuous service to the Issuer through each such period.

/s/ Raymond Furey (Attorney-in-Fact) 01/31/2025

Date

** Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

* 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.