## Edgar Filing: RIGEL PHARMACEUTICALS INC - Form 4

RIGEL PHA Form 4 May 29, 200	ARMACEUTICA 09	LS INC	•								
FORM 4       OMB APPROVAL         UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549       OMB Number:       3235-028         Check this box if no longer subject to Section 16.       STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP SECURITIES       Expires:       January 32 200									3235-0287 January 31, 2005 average urs per		
LYONS GARY A Sy R			2. Issuer Name and Ticker or Trading Symbol RIGEL PHARMACEUTICALS INC [RIGL]				-	<ul> <li>5. Relationship of Reporting Person(s) to Issuer</li> <li>C (Check all applicable)</li> </ul>			
	(First) ( ARMACEUTICA VETERANS BL			of Earliest T Day/Year) 2009	ransaction			X Director Officer (gibelow)		% Owner ler (specify	
SOUTH SA FRANCISO	(Street) AN CO, CA 94080			endment, D onth/Day/Yea	-	ıl			Joint/Group Fili y One Reporting P y More than One R	erson	
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative	Securi	ties Ac	quired, Disposed	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3) 2. Transaction Date 2A. Deemed (Month/Day/Year) 4. Execution Date, if any (Month/Day/Year)		TransactionAcquired (A) or Code Disposed of (D) E (Instr. 8) (Instr. 3, 4 and 5) C (A) C Code Disposed of (D) E (A) C CODE CODE C CODE CODE C CODE CODE C CODE CODE C CODE C C CODE C CODE C C CODE C C CODE C C C C C C C C C C C C C C C C C C C			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				

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

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 control number.

 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)	Year) Execution Date, if TransactionDerivati any Code Securiti (Month/Day/Year) (Instr. 8) Acquire or Dispo (D)		Securities Acquired (A) or Disposed of (D) (Instr. 3, 4,	6. Date Exerce Expiration D (Month/Day/	ate	7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8 D S (1
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (Right to Buy)	\$ 8.12	05/29/2009		А	10,000	<u>(1)</u>	05/29/2019	Common Stock	10,000	

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## **Reporting Owners**

\*\*Signature of Reporting Person

<b>Reporting Owner Name / Address</b>	Relationships					
	Director	10% Owner	Officer	Other		
LYONS GARY A RIGEL PHARMACEUTICALS, INC. 1180 VETERANS BLVD. SOUTH SAN FRANCISCO, CA 9408	X 0					
Signatures						
/s/Dolly Vance (Attorney-in-Fact)	05/29/2009	)				

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 over 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.