## Edgar Filing: RIGEL PHARMACEUTICALS INC - Form 4

RIGEL PHAR Form 4 April 06, 2016	RMACEUTICA	LS INC									
FORM 4       OMB APPROV         UNITED STATES SECURITIES AND EXCHANGE COMMISSION       OMB         Washington, D.C. 20549       OMB         Number:       3235									3235-0 Januar z average urs per	0287	
(Print or Type Re	esponses)										
PAYAN DONALD G Symbol				ol Issuer EL PHARMACEUTICALS INC					Reporting Person(s) to		
				te of Earliest Transaction th/Day/Year) 4/2016			X Director 10% Owner X Officer (give title Other (specify below) below) EVP, Pres. Discovery&Research				
				Month/Day/Year)			Applicable Line) _X_ Form filed b Form filed b	<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>			
FRANCISCO							Person				
(City)	(State)	(Zip)	Tab	le I - Non-	Derivative	Securities A	cquired, Disposed	l of, d	or Beneficia	lly Owned	1
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transactio Code (Instr. 8) Code V	4. Securit onAcquired Disposed (Instr. 3, 4)	(A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	For (D) (I)	Ownership rm: Direct ) or Indirect str. 4)	Indirect	1		

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) Disposed of (Instr. 3, 4, a 5)	) or (D)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount Number Shares
Employee Stock Option (right to buy)	\$ 3.59	04/04/2016		A	75,000		<u>(1)</u>	02/27/2024	Common Stock	75,000
Employee Stock Option (right to buy)	\$ 2.14	04/04/2016		А	200,000		(2)	01/26/2025	Common Stock	200,00

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## **Reporting Owners**

Reporting Owner Name / Address		Relationships							
	Director	10% Owner	Officer	Other					
PAYAN DONALD G RIGEL PHARMACEUTICALS, INC. 1180 VETERANS BLVD. SOUTH SAN FRANCISCO, CA 9408	Х		EVP, Pres. Discovery&Research						
Signatures									
/s/Dolly Vance (Attorney-in-Fact)	04/06/2016								
**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).

On February 27, 2014, the reporting person was granted an option to purchase 75,000 shares of common stock. The option vests based on
 (1) the Compensation Committee's determination that one or more pre-established performance conditions had been achieved. On April 4, 2016, the Compensation Committee determined that the performance conditions had been achieved, resulting in full vesting of the option.

On January 26, 2015, the reporting person was granted an option to purchase 200,000 shares of common stock. The option vests based on
 (2) the Compensation Committee's determination that one or more pre-established performance conditions had been achieved. On April 4, 2016, the Compensation Committee determined that the performance conditions had been achieved, resulting in full vesting of the option.

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.