#### Edgar Filing: RIGEL PHARMACEUTICALS INC - Form 4

#### RIGEL PHARMACEUTICALS INC

Form 4

January 27, 2006

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

OMB

**OMB APPROVAL** 

Number:

3235-0287

Expires:

January 31, 2005

0.5

Estimated average burden hours per

response...

if no longer subject to Section 16. Form 4 or Form 5

Check this box

obligations may continue. See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \* **GOWER JAMES M** 

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to

Issuer

below)

Symbol

RIGEL PHARMACEUTICALS INC

(Check all applicable)

[RIGL]

(Last) (First) 3. Date of Earliest Transaction (Month/Day/Year)

\_X\_\_ Director 10% Owner Other (specify X\_ Officer (give title

(Middle)

01/25/2006

CEO & Board Chairman

RIGEL PHARMACEUTICALS, INC., 1180 VETERANS BLVD.

(Street)

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check

Filed(Month/Day/Year) Applicable Line)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

**SOUTH SAN** FRANCISCO, CA 94080

> (City) (State) (Zip)

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

1.Title of Security (Instr. 3)

2. Transaction Date 2A. Deemed (Month/Day/Year)

Execution Date, if

(Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D)

5. Amount of Securities Beneficially Owned Following

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial Ownership (I)

(Instr. 4) (Instr. 4)

(A) or

(Instr. 8)

Reported Transaction(s) (Instr. 3 and 4)

Code V Amount (D) Price

(Instr. 3, 4 and 5)

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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)

#### Edgar Filing: RIGEL PHARMACEUTICALS INC - Form 4

1. Titl	e of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	<ol><li>Date Exercisab</li></ol>	le and	7. Title and A	Amount o
Deriva	ative	Conversion	(Month/Day/Year)	Execution Date, if	TransactionDerivative		Expiration Date		<b>Underlying Securities</b>	
Securi	ity	or Exercise		any	Code	Code Securities (Month/Day/Year)		;)	(Instr. 3 and 4)	
(Instr. 3)		Price of		(Month/Day/Year)	(Instr. 8)	1 '				
		Derivative				or Disposed of				
		Security				(D)				
						(Instr. 3, 4,				
						and 5)				
					Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Share
Stock Option (right)	on	\$ 7.4	01/25/2006		A	60,000	02/01/2006(1)	01/25/2016	Common Stock	60,000

# **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
GOWER JAMES M						
RIGEL PHARMACEUTICALS, INC.	X		CEO & Board Chairman			
1180 VETERANS BLVD.						
SOUTH SAN FRANCISCO, CA 94080						

### **Signatures**

buy)

/s/ James H. Welch (Attorney-in-Fact) 01/27/2006

\*\*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 in equal monthly installments over one (1) year from 01/01/06.

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.

Reporting Owners 2