## Edgar Filing: RIGEL PHARMACEUTICALS INC - Form 4

RIGEL PHARMA Form 4 May 12, 2016	ACEUTICA	LS INC	9 -		-					
<b>FORM 4</b> Check this box if no longer subject to Section 16. Form 4 or			Wa	RITIES AND EXCHANGE COMMISSION shington, D.C. 20549 NGES IN BENEFICIAL OWNERSHIP OF SECURITIES				N OMB Number: Expires: Estimated a burden hou	irs per	
Form 5	-	rsuant to Section 16(a) of the Securities Exchange Act of 1934, (a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940							0.5	
(Print or Type Respon	ises)									
1. Name and Address of Reporting Person <u>*</u> RINGROSE PETER S			2. Issuer Name <b>and</b> Ticker or Trading Symbol RIGEL PHARMACEUTICALS INC [RIGL]			5. Relationship of Reporting Person(s) to Issuer C (Check all applicable)				
(Last) (First) (Middle) C/O RIGEL PHARMACEUTICALS, INC., 1180 VETERANS BLVD.			<ul><li>3. Date of Earliest Transaction</li><li>(Month/Day/Year)</li><li>05/11/2016</li></ul>				X_ Director10% Owner Officer (give titleOther (specify below) below)			
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
FRANCISCO, C.	A 94080						Person			
(City) (S	State)	(Zip)	Tab	ole I - Non-I	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned	
	nsaction Date h/Day/Year)	2A. Deemo Execution any (Month/Da	Date, if	3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3,	(A) or of (D)	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	e for each cl	ass of sec	urities benef	ficially ow	ned directly	or indirectly.			
					inforr requi	nation cont red to resp	spond to the coll tained in this for ond unless the fo ntly valid OMB co	m are not orm	EC 1474 (9-02)	

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

number.

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)	Code Securities		6. Date Exercisable and Expiration Date (Month/Day/Year)		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)	\$ 2.4	05/11/2016		А	40,000	<u>(1)</u>	05/11/2026	Common Stock	40,000	

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## **Reporting Owners**

Reporting Owner Name / Address		Relationships					
Topological and the second second	]	Director	10% Owner	Officer	Other		
RINGROSE PETER S C/O RIGEL PHARMACEUTICALS, IN 1180 VETERANS BLVD. SOUTH SAN FRANCISCO, CA 94080		Х					
Signatures							
/s/ Dolly Vance (Attorney-in-Fact)	05/11/2016						
**Signature of Reporting Person	Dat	e					

## **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.