Edgar Filing: Mayer Eldon C. III - Form 4

Mayer Eldo	n C. III										
Form 4											
May 11, 20	18										
FORM	Λ4					~~~	~ ~		-	PPROVAL	
	UNITED	STATES		RITIES A ashington			GE (COMMISSIO	N OMB Number:	3235-028	37
Check the first local sector of the sector o						Expires:	January 31,				
subject to STATEMENT OF CH				ANGES IN BENEFICIAL OWNERSHIP OI				•	Estimated average 2005		
	Section 16. SECURITIES								burden hours per		
Form 4 Form 5	Form 4 or							response.	0	.5	
obligatio	^						•	e Act of 1934,			
may cor See Inst 1(b).	ntinue. Section 170			nvestment	•	•		f 1935 or Secti 40	on		
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> Mayer Eldon C. III			2. Issuer Name and Ticker or Trading Symbol RIGEL PHARMACEUTICALS INC				5. Relationship of Reporting Person(s) to Issuer C (Check all applicable)				
			[RIGL]]				(0	en un uppheus	,	
(Last)	(First) (Middle)	3. Date of	of Earliest T	ransaction			Director		% Owner	
			(Month/Day/Year)				XOfficer (give titleOther (specify below) below)				
	ARMACEUTICA VETERANS BL		05/09/2	2018				· ·	nief Commercia	l Officer	
	(Street)			endment, Daonth/Day/Yea	ndment, Date Original th/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
SOUTH SA	AN CO, CA 94080							•	More than One F		
(City)	(State)	(Zip)			~ • •	~					
(City)	(State)	(Zip)	Tab	ole I - Non-I	Derivative	Securitio	es Acc	quired, Disposed	of, or Beneficia	ally Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	saction Date 2A. Deemed /Day/Year) Execution Date, if any (Month/Day/Year)		Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A)			S E C F F	SecuritiesFBeneficially(IOwned(I	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V	Amount	or (D) Pr	rice (Instr. 3 and 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)

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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. Transacti Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration I (Month/Day	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 or Number of Shares	
Employee Stock Option (Right to Buy)	\$ 2.11	05/09/2018		А	50,000	<u>(1)</u>	02/02/2027	Common Stock	50,000	

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Mayer Eldon C. III RIGEL PHARMACEUTICALS, INC. 1180 VETERANS BLVD. SOUTH SAN FRANCISCO, CA 94080)		EVP & Chief Commercial Officer				
Signatures							
/s/ Dolly Vance (Attorney-in-Fact)	05/11/201	8					

**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 2, 2017 the reporting person was granted an option to purchase 50,000 shares of common stock. The option vested based on (1) the Compensation Committee's determination that one or more pre-established performance conditions had been achieved. On May 9, 2018, 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.