## Edgar Filing: LYONS GARY A - Form 4

LYONS G Form 4											
<b>FORM 4</b> UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB APPROVAL		
	UNITED			N OMB Number:	3235-0287						
if no lo subject Section Form 4 Form 5 obligat may co	116. For Filed pu	<b>STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF</b> <b>SECURITIES</b> 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							Estimated burden hou response	January 31Expires:2009Estimated averageburden hours perresponse0.8	
(Print or Type	e Responses)										
1. Name and Address of Reporting Person <u>*</u> LYONS GARY A			2. Issuer Name <b>and</b> 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>			
(Last) (First) (Middle) C/O RIGEL PHARMACEUTICALS, INC., 1180 VETERANS BLVD.			3. Date of Earliest Transaction (Month/Day/Year) 05/17/2018					X_Director10% Owner Officer (give titleOther (specify below) below)			
(Street) SOUTH SAN FRANCISCO, CA 94080			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			
(City)	(State)	(Zip)	Tab	ole I - Nor	1-Derivati	ve Securit	ties Ao	cquired, Disposed	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	e 2A. Deem Execution any (Month/Da	Date, if	Code (Instr. 8)	-	ed (A) or ed of (D) 3, 4 and 5) (A) or	ļ	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: R	eport on a separate lin	ne for each cl	ass of sec	urities ber	Per	sons who	o res	r indirectly. pond to the colle ained in this form		SEC 1474 (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)

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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. Transactic Code (Instr. 8)	TransactionDerivative Code Securities		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	
Stock Option (Right to Buy)	\$ 3.98	05/17/2018		А	40,000	<u>(1)</u>	05/17/2028	Common Stock	40,000	

## **Reporting Owners**

Reporting Owner Name / Address		Relationships					
	D	Director	10% Owner	Officer	Other		
LYONS GARY A C/O RIGEL PHARMACEUTICALS, IN 1180 VETERANS BLVD. SOUTH SAN FRANCISCO, CA 94080	C.	X					
Signatures							
/s/Dolly Vance (Attorney-in-Fact) 0	5/18/2	018					

Date

## \*\*Signature of Reporting Person **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).
- The shares shall vest monthly over one (1) years from the date of grant subject to the reporting person's continuous service on the (1) Company's Board of Directors.

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.

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