**RIGEL PHARMACEUTICALS INC** Form 3 June 02, 2006 UNITED STATES SECURITIES AND EXCHANGE COMMISSION FORM 3 Washington, D.C. 20549

#### **INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

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

#### (Print or Type Responses)

1. Name and Address of Reporting Person <sup>*</sup> Maynard Ryan D			Requiring Statement	3. Issuer Name and Ticker or Trading Symbol RIGEL PHARMACEUTICALS INC [RIGL]			
(Last)	(First)	(Middle)	(Month/Day/Year) 06/01/2006	4. Relationship of Reporting Person(s) to Issuer		5. If Amendment, Date Original Filed(Month/Day/Year)	
RIGEL PHARMACEUTICALS, INC., 1180 VETERANS BLVD.				(Check all a	pplicable)		
	(Street)				Other	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting	
SOUTH SAN FRANCISCO,	CA 94.	306-2155		VP Finance, A	Acting CFO	Person Form filed by More than One Reporting Person	
(City)	(State)	(Zip)	Table I - N	on-Derivative S	Securities Be	neficially Owned	

1. Title of Security (Instr. 4)

### 2. Amount of Securities Beneficially Owned (Instr. 4)

3.

(I) (Instr. 5)

SEC 1473 (7-02)

Form:

Ownership Ownership (Instr. 5) Direct (D) or Indirect

4. Nature of Indirect Beneficial

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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	-		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Derivative Security	Security: Direct (D) or Indirect	

**OMB APPROVAL** 

OMB 3235-0104 Number: January 31, Expires: 2005 Estimated average burden hours per response... 0.5

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						(Instr. 5)	
Stock Option (Right to Buy)	(1)	08/02/2006	Common Stock	1,000	\$ 9.2	D	Â
Stock Option (Right to Buy)	(2)	07/18/2013	Common Stock	7,504	\$ 8.15	D	Â
Stock Option (Right to Buy)	(3)	01/26/2014	Common Stock	11,895	\$ 23	D	Â
Stock Option (Right to Buy)	(4)	09/28/2015	Common Stock	60,000	\$ 23.32	D	Â
Stock Option (Right to Buy)	(5)	01/18/2016	Common Stock	4,600	\$ 7.88	D	Â
Stock Option (Right to Buy)	(6)	05/30/2016	Common Stock	90,000	\$ 10.2	D	Â

# **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships					
FB	Director	10% Owner	Officer	Other		
Maynard Ryan D RIGEL PHARMACEUTICALS, INC. 1180 VETERANS BLVD. SOUTH SAN FRANCISCO, CA 94306-2155	Â	Â	VP Finance, Acting CFO	Â		

# Signatures

/s/ Dolly Vance (Attorney-in-Fact) 06/02/2006

\*\*Signature of Reporting Person

## **Explanation of Responses:**

\* If the form is filed by more than one reporting person, see Instruction 5(b)(v).

Date

- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- The option became exercisable as to 889 shares on 1/28/04 and as to an additional 889 shares on 7/28/04. The remaining 2,666 shares
- (1) have vested in equal monthly installments from 7/28/04 and will continue to vest until fully vested on 7/28/06. The original opotion grant was for 4,444 shares and 3,444 shares have been exercised.
- (2) The shares vest monthly over four (4) years from 7/18/03. The original grant was for 18,009 shares and 10,505 shares have been exercised.
- (3) The shares vest monthly over four (4) years from 1/1/04.
- (4) The shares vest monthly over four (4) years from 10/01/05.
- (5) The shares vest monthly over one (1) year from 1/01/06.
- (6) The shares vest monthly over four (4) years from 6/01/06.

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.