## Edgar Filing: RIGEL PHARMACEUTICALS INC - Form 4

RIGEL PHA Form 4 January 25,	ARMACEUTICA 2007	LS INC										
FORM	ЛЛ									PPROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE ( Washington, D.C. 20549						COMMISSION	N OMB Number:	3235-0287				
Check the check	aar											
subject Section Form 4	to <b>SIAIE</b> N 16.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								Estimated average burden hours per response 0.5		
Form 4 or Form 5 obligations may continue. See Instruction 1(b). Form 5 obligations may continue. 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									. 0.5			
(Print or Type	Responses)											
Goodwin Bradford S S			2. Issuer Name <b>and</b> Ticker or Trading Symbol RIGEL PHARMACEUTICALS INC			5. Relationship of Reporting Person(s) to Issuer						
			[RIGL] (Ch					eck all applicable)				
(Month/			Date of Earliest Transaction Ionth/Day/Year)			X_ Director 10% Owner Officer (give title Other (specify below) below)						
	ARMACEUTICA VETERANS BL		01/24/2	2007								
	(Street)		Filed(Month/Day/Year) Applicable Lin			Applicable Line)	r Joint/Group Filing(Check ) py One Reporting Person					
SOUTH SA FRANCISO	AN CO, CA 94080							Form filed by Person	More than One R	eporting		
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative	Secur	ities A	cquired, Disposed o	of, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)	Security (Month/Day/Year) Execution Date, if		3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or Code V Amount (D) Price		Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 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)

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. Transactio Code (Instr. 8)	TransactiorDerivative 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)	\$ 11.36	01/24/2007		А	20,000	<u>(1)</u>	01/24/2017	Common Stock	20,000	

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## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
<b>r</b>	Director	10% Owner	Officer	Other		
Goodwin Bradford S RIGEL PHARMACEUTICALS, INC. 1180 VETERANS BLVD. SOUTH SAN FRANCISCO, CA 94080	Х					
Signatures						
/s/Dolly A. Vance (Attorney-in-Fact)	01/25/2007					

\*\*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).

The options vest in equal monthly installments over the shorter of three (3) years from the date of grant or the period beginning on the date the director is appointed to the Board of Directors and ending on the date of the annual meeting at which the director is first

(1) considered for election by the stockholders, provided that the non-employee director continues to provide services to Rigel Pharmaceuticals, Inc.

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.