Edgar Filing: RIGEL PHARMACEUTICALS INC - Form 4

RIGEL PHAF Form 4 April 06, 2010	RMACEUTICA 6	LS INC								
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 Check this box Check this box The longer Statement of Changes in Beneficial Ownership of SECURITIES E Statement 16. Statement of Changes in Beneficial Ownership of SECURITIES E								B APPROVAL r: 3235-0287 3: January 31, 2005 ted average hours per se 0.5		
(Print or Type Ro	•	Person *	2 Issu	er Name and Ticker or Tr	ading	5. Relationship of	f Reporting Per	rson(s) to		
VANCE DOLLY Syr RIG				2. Issuer Name and Ticker or Trading Symbol RIGEL PHARMACEUTICALS INC [RIGL]						
()				of Earliest Transaction Day/Year) 2016	Director 10% Owner Officer (give title Other (specify below) below) below) EVP Corp. Affairs, G.C., Sect.					
				endment, Date Original onth/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 					
SOUTH SAN						Person	viore than one R	eporting		
(City)	(State)	(Zip)	Tab	ole I - Non-Derivative Sec	curities Ac	equired, Disposed o	f, or Beneficia	ally Owned		
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year)		3. 4. Securities TransactionAcquired (A) Code Disposed of (Instr. 8) (Instr. 3, 4 ar (A O Code V Amount (E) or (D) nd 5) A) r	Securities I Beneficially (Owned (6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect				

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)	5. Number of orDerivative Securities Acquired (A) Disposed of (I (Instr. 3, 4, an 5)	Ex (M or D)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (I	D) Da Ex	ate kercisable	Expiration Date	Title	Amount Number Shares
Employee Stock Option (right to buy)	\$ 3.59	04/04/2016		А	62,500		<u>(1)</u>	02/27/2024	Common Stock	62,50(
Employee Stock Option (right to buy)	\$ 2.14	04/04/2016		A	175,000		(2)	01/26/2025	Common Stock	175,00

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Reporting Owners

Reporting Owner Name / Address		Relationships					
	Director	10% Owner	Officer	Other			
VANCE DOLLY RIGEL PHARMACEUTICALS, INC. 1180 VETERANS BLVD. SOUTH SAN FRANCISCO, CA 94080				EVP Corp. Affairs, G.C., Sect.			
Signatures							
/s/Dolly Vance	04/06/2016						
<u>**</u> 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 27, 2014, the reporting person was granted an option to purchase 62,500 shares of common stock. The option vests based on
 (1) the Compensation Committee's determination that one or more pre-established performance conditions had been achieved. On April 4, 2016, the Compensation Committee determined that the performance conditions had been achieved, resulting in full vesting of the option.

On January 26, 2015, the reporting person was granted an option to purchase 175,000 shares of common stock. The option vests based on (2) the Compensation Committee's determination that one or more pre-established performance conditions had been achieved. On April 4,

2016, 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.