FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-028								
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					01 .	occuc	311 30(11) (Ji tile	investment	CUII	ipariy Act	01 1340									
1. Name and Address of Reporting Person* AKKARAJU SRINIVAS						2. Issuer Name and Ticker or Trading Symbol aTYR PHARMA INC [LIFE]									Relationship of Reporting Person(s) to Issuer (Check all applicable)						
ARRAJU SKINIVAS											_			X	Directo	or		10% O	wner		
(Last)	(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 07/08/2015									Officer below)	(give title		Other (s	specify		
C/O ATYR PHARMA, INC.						/08/2	.015														
3545 JOHN HOPKINS COURT, SUITE #250						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street)														ne) X	Form f	ilad by One	Don	ortina Doroc	n .		
SAN DIEGO CA 92121													Α		rm filed by One Reporting Persor rm filed by More than One Repor						
(City)	(S	tate)	(Zip)		-										reisui	ı					
		Tab	le I - Nor	n-Deriv	/ative	Se	curities	s Ac	quired, [Disp	osed o	of, or Be	neficia	ally	Owned	ı					
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						ar) I	2A. Deemed Execution Date, if any (Month/Day/Year		, Transaction Dispose Code (Instr. 5)			ities Acquir d Of (D) (In:		4 and Securi Benefi Owned		es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D) Pr		•	Reported Transact (Instr. 3	tion(s)			(Instr. 4)		
		7							uired, Di s, options						wned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Owne Form: Direct or Ind (I) (Ins	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownershi (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisable		kpiration ate	Title	Amount or Number of Shares								
Stock Option (right to	\$14.96	07/08/2015			A		6,286		(1)	07	7/08/2025	Common Stock	6,286		\$0.00	6,286		D			

Explanation of Responses:

1. Such Option shall vest on the earlier of (i) the first anniversary of the grant date or (ii) the date of the next annual meeting of the stockholders (currently scheduled for May 2016).

Remarks:

<u>/s/ Nancy Krueger, as</u> <u>Attorney-in-Fact</u> <u>07/10/2015</u>

Date

** Signature of Reporting Person

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly \ or \ indirectly.$

- * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.