FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

OMB APPROVAL								
OMB Number: 3235-0287								
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1. Name and Address of Reporting Person* DENYES NANCY						2. Issuer Name and Ticker or Trading Symbol aTYR PHARMA INC [LIFE]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
DENY	E5 NAIN	<u>. Y</u>			1-						_ ,			Direct	or		10% Ov	vner		
					<u> </u>		P .						\dashv		r (give title		Other (s	specify		
(Last)	(F	irst)	(Middle)					Tran	saction (Mo	onth/E	Day/Year)			below) below)						
3545 JO	103	05/24/2022								General Counsel										
		, , , , , ,			\vdash															
(Street)					4.1	If Ame	endment,	Date	of Original	Filed	(Month/Da	ay/Year)	Line	e)			g (Check Ap	·		
SAN DI	EGO C	A	92121											X Form	filed by On	ne Reporting Person				
(City)	(0	itate)	(Zip)			Form filed by More than One Reportin Person									rting					
(City)	(5	lale)	(ZIP)																	
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)				2. Trans	action				3.	4. Securities Acquired (A)				5. Amou				7. Nature		
				Date (Month/	Day/Ye	ear)	Execution Date, if any		, Transa Code (d Of (D) (Ins	str. 3, 4 and	Securiti Benefic			rm: Direct) or Indirect	of Indirect Beneficial		
			(- u,,	(Month/Day/Year								Owned	ollowing (I) (I		Instr. 4)	Ownership			
							0.4	l.,		(A) or		Reporte Transac			- 1'	(Instr. 4)				
									Code	۱v	Amount	(A) or (D) Pric		(Instr. 3	and 4)					
Common Stock													3,4	3,447 ⁽¹⁾		D				
		-	Table II - I	Deriva	tive	Sec	urities	Acq	uired, D	ispo	sed of	or Ben	eficially	Owned						
									, option											
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Number		6. Date Ex	ercisa	able and 7. Title and Amo		d Amount	8. Price of	9. Number of		10.	11. Nature			
Derivative	Conversion	Date	Execution D							Expiration Date ve (Month/Day/Yea				of Securities		Derivative	derivative		Ownership	of Indirect Beneficial
Security (Instr. 3)	or Exercise Price of	(Month/Day/Year)	if any (Month/Day		Coae (1 3)	de (Instr. Derivative (Month/					ear) Underlying Derivative Secu			Security (Instr. 5)	Securities Beneficially		Form: Direct (D)	Ownership		
	Derivative Security		ļ	1			Acquire (A) or	ed			(Instr. 3 and 4)				Owned Following		or Indirect (I) (Instr. 4)	(Instr. 4)		
	Security						Dispose								Reported		(1) (111511. 4)			
							of (D) (I 3, 4 and								Transaction(s) (Instr. 4)	ion(s)				
			\vdash			3, 4 and	. 5,		_			l	-	(1113411 4)						
													Amount							
									<u>.</u> .	_			Number							
					Code	v	(A)	(D)	Date Exercisab		xpiration ate	Title	of Shares							
Employee				_			1			\top										
Stock												Common								
Option (right to	\$2.81	05/24/2022			A		88,097		(2)	0	5/24/2032	Stock	88,097	\$0.00	88,09	07	D			
huv)	I	l	I				1							I			1	1		

Explanation of Responses:

- 1. Includes 178 shares each acquired under the Company's 2015 Employee Stock Purchase Plan (ESPP) on November 15, 2021 and May 13, 2022, respectively.
- 2. The shares subject to this option shall vest and become exercisable in 48 equal monthly installments beginning June 24, 2022, such that this option will be fully exercisable on May 24, 2026. This option is subject to accelerated vesting upon termination without cause upon change of control of the issuer.

Remarks:

Nancy E. Denyes

05/26/2022

** Signature of Reporting Person Date

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.