FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours per response:	0.5								

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

					0. 000	11011	00(11) 0	n tine	111100111	ilenii O	Ullipariy Act (01 10-10							
Name and Address of Reporting Person* Shukla Saniay						2. Issuer Name and Ticker or Trading Symbol aTYR PHARMA INC [LIFE]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Shukla Sanjay						[X	Direc	tor		10% O	wner
(Last)	3. Date of Earliest Transaction (Month/Day/Year)								X Officer (give title below)				Other (sbelow)	specify					
(Last) (First) (Middle) 10240 SORRENTO VALLEY ROAD						07/28/2023								President and CEO					
SUITE 300						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Stroot)														X Form filed by One Reporting Person					son
(Street) SAN DIEGO CA 92121														Form filed by More than One Reporting Person					orting
(City)	Rule 10b5-1(c) Transaction Indication																		
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
		Table	I - N	lon-Derivat	tive S	ecui	rities	Ac	quire	d, Di	sposed o	f, or E	3enefic	cially	Owr	ned			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye					Execution D		on Date, T C Day/Year) 8				Acquired (A) o		and 5) Secu Bene Own Follo		icially d ving	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) or (D)	Price	, т		eported ansaction(s) astr. 3 and 4)			
Common Stock 07/28/202						23					15,000	A	\$2.014	.0149(1)		76,173		D	
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)	Exe if a	Deemed coution Date, ny onth/Day/Year)	4. Transac Code (I 8)		5. Numl of Deriv Secu Acqu (A) o Dispo of (D) (Instr	rative rities iired r osed) r. 3, 4	Expir (Mon	Date Exercisable and piration Date onth/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and		Deri	rice of vative urity tr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Amount or Number of Shares						

Explanation of Responses:

1. Represents weighted average price for the shares. The shares were purchased at prices ranging from \$2.01 to \$2.02 per share. The reporting person will provide to the Securities and Exchange Commission staff, the issuer, or any security holder of the issuer, upon request, full information regarding the number of shares purchased at each separate price

Remarks:

/s/ Nancy E. Denyes, Attorney-in-Fact 08/01/2023

** 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.