FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL

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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).

## 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

1. Name and Address of Reporting Person*  Amanullah Ashraf						2. Issuer Name and Ticker or Trading Symbol aTYR PHARMA INC [ LIFE ]									neck all ap	ip of Reporti plicable) ctor	ing Pe	erson(s) to I			
(Last)	(First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 05/31/2018									X Offi	cer (give title w)		Other ( below)	specify		
3545 JOHN HOPKINS COURT, SUITE #250															See Remarks						
							4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
(Street) SAN DIEGO CA 92121															X Form filed by One Reporting Person						
	AN DIEGO CA 92121														Form filed by More than One Reporting						
(City)	y) (State) (Zip)														Per	son					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
1. Title of Security (Instr. 3)  2. Transacting Date (Month/Day)						Execution Date			Code (Instr.		4. Securities Acquired ( Disposed Of (D) (Instr. 3 and 5)				Secu Bene Own	ficially ed	For (D) Ind	Ownership m: Direct or irect (I) str. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amou	nt (A) or (D)		Price	Repo Tran	llowing ported ansaction(s) str. 3 and 4)		str. 4)	(Instr. 4)		
Common Stock 05/31/20						)18		M <sup>(1)</sup>		3,3	3,333		\$0.0	00 2	26,264(2)		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)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transactio		5. on Number		6. Date Exe Expiration (Month/Day		Amount of Securities Underlying Derivative Sec (Instr. 3 and 4)			8. Price of Derivativ Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership			
					Code	v	(A)	(D)	Date Exercisable		oiration te	Title	of	mber ares							
Restricted Stock Units	\$0.00	05/31/2018			M <sup>(3)</sup>		3,333		(3)		(3)	Commo		33 <sup>(3)</sup>	\$0.00	3,333		D			

## Explanation of Responses:

- 1. Represent shares acquired upon vesting of restricted stock units (RSUs) granted to the Reporting Person on February 7, 2017.
- 2. Includes 2,500, 2,500, 2,500, 2,499 and 2,500 shares acquired under the Company's 2015 Employee Stock Purchase Plan (ESPP) on November 15, 2016, May 15, 2017, November 15, 2017, and May 15, 2018, respectively, each in a transaction exempt under Rule 16b-3.
- 3. The RSU grant vests as to one-third (1/3) of the total number of units on each one year anniversary of the the grant commencing of February 7, 2018. Vesting was accelerated to May 31, 2018 pursuant to the Company's Executive Severance and Change In Control Policy.

## Remarks:

Senior Vice President, Biologics Development and Manufacturing

Nancy D. Krueger, Attorney-In-Fact

06/07/2018

\*\* Signature

\*\* 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.