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 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

Name and Address of Reporting Person* Matsuoka Grove						2. Issuer Name and Ticker or Trading Symbol aTYR PHARMA INC [LIFE]											olicable)	ng Perso	Person(s) to Issuer 10% Owner			
(Last)	(Fi	rst) (M	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/09/2016									X	Office belov	er (give title w)		Other (specify below)			
3545 JOHN HOPKINS COURT, SUITE #250																See Remarks						
(Ct== =t)	4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)											
(Street) SAN DIEGO CA 92121															X Form filed by One Reporting Person					son		
											Form filed by More than One Reporting Person											
(City)	(St	ate) (Z	Zip)																			
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day)						Execution Date,			Transaction Disposed Code (Instr. and 5)			rities Acquired (ed Of (D) (Instr. 3			3, 4 Sec Bei		5. Amount of Securities Beneficially Dwned Following		ership Direct t (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
						Code	v	Amount		(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)		(111501 . 4)					
Common	016				P		2,412	2	A	\$3.08		2,412		I)							
Common Stock 05/11/20						.016			P	P 10,00		0	A	\$3.03		12,412		I)			
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)	ative Conversion Date Execution Date, ity or Exercise (Month/Day/Year) if any			4. Transac Code (Ir 8)	tion	5. Nu of Deriv Secu Acqu (A) o Disp	vative rities uired r osed)	Date Expiratio	xercis n Dat ay/Ye	Amount of Securities Underlying Derivative Security (Inst 3 and 4) Amount of Security (Inst 3 and 4)		str.	nt er		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owi For Dire or I (I) (I	nership m: ect (D) ndirect Instr.	11. Nature of Indirect Beneficial Ownership (Instr. 4)				

Explanation of Responses:

Remarks:

Senior Vice President, Product Programs & Planning

Nancy Krueger, as Attorneyin-Fact

 $\underline{05/11/2016}$

** 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.