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

| 1. Name and Address of Reporting Person* Blake John T        |  |  |   | 2. Issuer Name and Ticker or Trading Symbol  aTYR PHARMA INC [ LIFE ] |  |   |                               |   |                     |                    | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner |  |  |   |                          |  |                         |
|--|--|--|---|---|--|---|-------------------------------|---|---------------------|--------------------|---|--|--|---|--------------------------|--|-------------------------|
| (Last)<br>3545 JO  | `  | rst) (                                     | Middle)   |   |  | 3. Date of Earliest Transaction (Month/Day/Year) 02/07/2017 |                               |   |                     |                    |   |  | X Of be  | ficer (give title<br>low)                           | r (give title Other      |  | specify                 |
| (Street) SAN DII   | (Street) SAN DIEGO CA 92121  |  |   |   | 4. If Amendment, Date of Original Filed (Month/Day/Year) |   |                               |   |                     |                    |   | ine)<br>X Fo                           | idual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person |   |                          |  |                         |
|  | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned   |  |   |   |  |   |                               |   |                     |                    |   |  |  |   |                          |  |                         |
| 1. Title of Security (Instr. 3)  2. Transact Date (Month/Day |  |  |   | Execution Date,   |  |   | 3.<br>Transactio<br>Code (Ins | urities Acquired (,<br>sed Of (D) (Instr. 3 |                     | 4 Sec<br>Ber<br>Ow |   | 6. Own<br>Form: I<br>(D) or<br>Indirec | Direct<br>t (I)  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership |                          |  |                         |
|  |  |  |   |   |  | Code V Amoun  |                               | ınt (A)                                     | or Pri              | Rep<br>Tra         | owing<br>orted<br>nsaction(s)<br>tr. 3 and 4)   | (Instr. 4                              | *)   | (Instr. 4)  |                          |  |                         |
|  | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |  |   |   |  |   |                               |   |                     |                    |   |  |  |   |                          |  |                         |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)          | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security  | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Dat<br>if any<br>(Month/Day/Y | ·  c  | ransact<br>Code (In                                      |   |                               | Expiration (Month/Dayies ed                 |                     | ate                | Amount<br>Securitie<br>Underly<br>Derivati  | of<br>es<br>ing                        | 8. Price<br>of<br>Derivat<br>Securit<br>(Instr. 4  | derivative<br>Securities<br>Beneficial              | y Dir<br>or<br>(I)<br>4) | vnership<br>rm:<br>rect (D)<br>Indirect<br>(Instr. | Beneficial<br>Ownership |
|  |  |  |   | c   | Code   | v   | (A)                           | (D)   | Date<br>Exercisable | Expiration Date    | n<br>Title  | Amour<br>or<br>Number<br>of<br>Shares  | r  |   |                          |  |                         |
| Employee<br>Stock<br>Option<br>(right to<br>buy)             | \$3.3  | 02/07/2017                                 |   |   | A  |   | 55,000                        |   | (1)                 | 03/07/202          | 7 Commor<br>Stock   | 55,00                                  | 0 \$0.00   | 55,000  |                          | D  |                         |
| Restricted<br>Stock Unit                                     | (2)  | 02/07/2017                                 |   |   | A  |   | 10,000                        |   | (3)                 | (3)                | Commor<br>Stock   | 10,00                                  | 0 \$0.00   | 10,000  |                          | D  |                         |

## **Explanation of Responses:**

- 1. The shares subject to this option shall vest and become exercisable in 48 equal monthly installments beginning March 7, 2017, such that this option will be fully exercisable on February 7, 2021. This option is subject to accelerated vesting upon termination without cause upon change of control of the issuer.
- 2. Each restricted stock unit represents a contingent right to receive one share of the Issuer's common stock.
- 3. The restricted stock units (RSUs) are scheduled to vest in three equal annual installments beginning on February 7, 2018, such that this grant will be fully vest on February 7, 2020. This grant is subject to accelerated vesting upon termination without cause upon a change of control of the Issuer.

## Remarks:

Nancy D. Krueger, attorney-infact 02/09/2017

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.