SEC Form 4	
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

OMB APPROVAL									
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SCHIMMEL PAUL		Person*	2. Issuer Name and Ticker or Trading Symbol aTYR PHARMA INC [LIFE]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner
		(<i>,</i>	3. Date of Earliest Transaction (Month/Day/Year) 08/31/2018	Officer (give title Other (specify below) below)
(Street) SAN DIEGO (City)	СА	92121	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting
	(State)	(Zip)		Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr.					5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
					Amount (A) or (D)		Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)	
Common Stock								40,440	D		
Common Stock	08/31/2018		Р		22,000	A	\$0.716 ⁽¹⁾	714,328	I	See Footnote ⁽²⁾	
Common Stock	09/04/2018		Р		20,749	A	\$0 .7571 ⁽³⁾	735,077	I	See Footnote ⁽²⁾	
Common Stock								721,814	I	See Footnote ⁽⁴⁾	

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. Transa Code (8)		of Expir		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(S) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

1. Represents weighted average price for the shares. The shares were purchased at price ranging from \$0.6999 to \$0.72 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.

2. These shares are owned directly by Paul Schimmel Prototype PSP, Paul Schimmel Trustee, FBO Paul Schimmel. The Reporting Person is the sole owner of the Paul Schimmel Prototype PSP, Paul Schimmel Trustee, FBO Paul Schimmel.

3. Represents weighted average price for the shares. The shares were purchased at price ranging from \$0.7488 to \$0.76 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.

4. There shares are owned directly by Schimmel Revocable Trust U/A Dtd 9/6/2000. The Reporting Person and his spouse are trustees of the Schimmel Revocable Trust U/A Dtd 9/6/2000.

Remarks:

Nancy D. Krueger, Attorney-

in-Fact

09/05/2018

** 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.