FORM 4

Check this box if no longer subject

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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

D

| Date | | | Execution Date, | | Transaction Code (Instr. | | Disposed Of | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | Form: Direct (D) or Indirect (I) (Instr. 4) | of Indirect | |
|---|--|--------------|-----------------|---|--|--------------|-------------|----------------------------|--------|---|--|--|---------------|
| | | Table I - No | n-Derivat | | ecurities Acq | uired, 3. | Dis | posed of, 4. Securities | | | Owned | 6. Ownership | 7. Nature |
| (City) | (State) | (Zip) | | | | | | | | | Person | | |
| | | | | | | | | | | | Form filed by N | Nore than One Re | |
| (Street) SAN DIEGO | CA | 92121 | | 4. If A | mendment, Date o | f Origina | l Fileo | d (Month/Day/ | 'Year) | 6. Indi Line) X | | oup Filing (Check One Reporting Per | |
| 3545 JOHN HO | OPKINS COUF | RT, SUITE #2 | 250 | 06/19 | 9/2020 | | | | | | Preside | ent and CEO | |
| (Last) (First) (Middle) | | | | | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | Officer (give tit below) | le Other below | (specify) |
| 1. Name and Address of Reporting Person [*] Shukla Sanjay | | | | 2. Issuer Name and Ticker or Trading Symbol aTYR PHARMA INC [LIFE] | | | | | | | ationship of Repo k all applicable) Director | Reporting Person(s) to Issuer ble) 10% Owner | |
| | Form 4 of Form 5 y continue. <i>See</i>). | | Filed p | | nt to Section 16(a) ction 30(h) of the In | | | | | 934 | 11 | irs per response: | 0.5 |

7,291 Р Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

6,000

A

\$4.27(1)

| | | (0.9.) P | | | vante | | 0010113, 0 | | 10 30 | oundes | 7 | | | |
|---|---|---|------------------------------|---|-------|-----|--|---|-------|---|--|--|--|--|
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of | | 6. Date Exerc Expiration Da (Month/Day/Y | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of 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:

Common Stock

1. Represents weighted average price for the shares. The shares were purchased at price ranging from \$4.21 to \$4.30 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:

| Nancy E. Denyes, Attorney- | 06/23/2020 |
|----------------------------|------------|
| <u>in-Fact</u> | 00/23/2020 |

Date

** Signature of Reporting Person

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).

06/19/2020

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.