FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

A / a a la i a a 4 a a	D C	20540
Vashington,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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).

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* COUGHLIN TIMOTHY						2. Issuer Name and Ticker or Trading Symbol aTYR PHARMA INC [LIFE]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) $\frac{X}{} \text{Director} \qquad \qquad 10\% \text{ Owner}$				
(Last)	`	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/17/2023									Officer (give title below)			(specify)	
C/O ATYR PHARMA, INC. 10240 SORRENTO VALLEY ROAD, SUITE 300				4. If a	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person					
(Street)	EGO C.	A	92121										Form filed by More than One Reporting Person						
(City)	(S	tate)	(Zip)		l.,	Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a satisfy the affirmative defense conditions of Rule 10b5-1(c). See Inst													
		Tab	le I - No	n-Deriv	/ative	Sec	curities	s Ac	quired,	Dis	sposed o	of, or Be	neficial	ly Owned	t				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day				Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 5)			5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)				
							Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				(msu. 4)			
Common Stock 05/17/20					/2023	.023		G	V	6,000	D	\$0.00	0		D				
Common Stock 05/17/20				/2023	2023		G	V	6,000	A	\$0.00	6,000				See Footnote ⁽¹⁾			
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 Code (Inst 8)		on of		6. Date Exercis Expiration Date (Month/Day/Yea		e Amount of		f s g e Security	8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securiti Benefici Owned Followir Reporte Transac (Instr. 4)	ve es ially ng ed etion(s)	10. Ownersh Form: Direct (D or Indirec (I) (Instr.	Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amount or Number of Shares						
Stock Option (right to buy)	\$2.52	05/17/2023			A		12,000		(2)		05/17/2033	Common Stock	12,000	\$0.00	12,0	000	D		

Explanation of Responses:

- 1. These shares are owned by the Coughlin Family Trust u/a DTD 12/07/2006. The Reporting Person and his spouse serve as co-trustees of the Coughlin Family Trust u/a DTD 12/07/2006. The Reporting Person may be deemed to be the beneficial owner of the securities held by the Coughlin Family Trust u/a DTD 12/07/2006.
- 2. The option, granted pursuant to the Issuer's non-employee director compensation policy, vests in full on the earlier of (i) May 17, 2024 or (ii) the Issuer's 2024 Annual Meeting of Stockholders, subject to the Reporting Person's continued service on the Board of Directors.

Remarks:

/s/ Nancy E. Denyes, as Attorney-in-Fact

05/19/2023

** 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.