FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washir

wasnington, D.C. 20549	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235		

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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

Name and Address of Reporting Person* <u>Broadfoot Jill Marie</u>						2. Issuer Name and Ticker or Trading Symbol aTYR PHARMA INC [LIFE]									ck all applic Directo	tionship of Reporting all applicable) Director		10% Ov	vner	
(Last) 3545 JO	`	irst) INS COURT, SU	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 02/05/2020)	Officer (give title below) Chief Financial C			Other (specify below) Officer			
(Street) SAN DII		A tate)	92121 (Zip)		4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Inc						
1. Title of S	Security (Ins	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 2. Transaction Date (Month/Day/Year) 2. Transaction Code (Instr. 8) 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) 5. Securities Beneficially Owned Following (D) or Indir (I) (Instr. 4)							: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership										
									Code	v	Amount	(A (E	(A) or (D)			Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common stock			02/0	02/06/2020				M ⁽¹⁾		893		Α	(2)	7,500 ⁽³⁾			D			
Common	stock			02/0	7/202	20			S ⁽⁴⁾		375		D	\$4.03	7,	7,125 D		D		
			Table II -								osed of, onvertil				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	4. Transaction Code (Instr. 8)		ı of		6. Date Exercisa Expiration Date (Month/Day/Yea		•	7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)		ecurity	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s ully g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	O N O	lumber						
Employee Stock Option (right to buy)	\$4.39	02/05/2020			A		23,359		(5)	(02/05/2030	Comn		23,359	\$0.00	23,35	9	D		
Restricted	(2)	02/06/2020			M			893	(6)		(6)	Comn		893	\$0.00	893		D		

Explanation of Responses:

- 1. Represents shares acquired upon the vesting of restricted stock units (RSUs) granted to the Reporting Person on February 6, 2019.
- 2. Restricted stock units convert into common stock on a one-for-one basis.
- 3. Includes 718 shares acquired under that Company's 2015 Employee Stock Purchase Plan on November 16, 2019.
- 4. Sale made by the Reporting Person to satisfy tax withholding obligations in connection with the partial vesting of RSUs granted on February 6, 2019.
- 5. The shares subject to this option shall vest and become exercisable in 48 equal monthly installments beginning March 5, 2020, such that this option will be fully exercisable on February 5, 2024. This option is subject to accelerated vesting upon termination without cause upon change of control of the issuer.
- 6. The RSU grant vests as to one-half (1/2) of the total number of units on each one year anniversary of the grant commencing on February 6, 2020.

Remarks:

Nancy E. Denyes, attorney-in-

02/07/2020

** 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.