FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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).

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

Name and Address of Reporting Person* Blackburn Kelly				<u>aTY</u>	2. Issuer Name and Ticker or Trading Symbol aTYR PHARMA INC [LIFE]									ationship all appl Direct	,		rson(s) to Is			
(Last)	(Fi	rst) (Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/06/2015								X	Office below	er (give title /)		Other (specify below)		
C/O ATYR PHARMA, INC.															See Remarks					
3545 JOHN HOPKINS COURT, SUITE #250					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)															X Form filed by One Reporting Person					
SAN DIE	SAN DIEGO CA 92121													Form filed by More than One Reporting Person						
(City)	(St	tate) (Zip)																	
		Tab	le I - N	on-Deriv	ative S	Sec	urities	Ac	quired, D	isp	osed o	of, or Be	enefici	ally	Owne	d				
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day)						Execution Date,					rities Acqued Of (D) (4 Securit Benefic Owned		ties Fo cially (D)		n: Direct or rect (I)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amoun	t (A)	or Pri	e				tr. 4)	(Instr. 4)	
		T	able II						uired, Dis , options						wned					
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. Transaction Code (Instr. 8)		n of E		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership	
					Code	v	(A)	(D)	Date Exercisable	Ex	piration te	Title	Amoun or Numbe of Shares							
Stock Option (right to buy)	\$14	05/06/2015			A		34,573		(1)	05/	/06/2025	Common Stock	34,57	3	(2)	34,573		D		

Explanation of Responses:

- 1. The shares subject to this option shall vest and become exercisable in 48 equal monthly installments beginning on May 6, 2015, such that this option is fully exercisable on May 6, 2019. This option is subject to accelerated vesting upon termination without cause upon a change of control of the Issuer.
- 2. Not applicable.

Remarks:

Vice President, Clinical Affairs

/s/ Nancy Krueger, as 05/08/2015 Attorney-in-Fact

** 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).

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.