FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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* Coughlin Timothy P | | | | | | 2. Issuer Name and Ticker or Trading Symbol aTYR PHARMA INC [LIFE] | | | | | | | | | itionship all appl Directo | , | g Per | rson(s) to Is | | |
|--|--|--|---|----------|--|--|---------|-----|--|---|----------------|---|--|---|--|---|-------|--|--|--|
| (Last) | , | , , | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | | er (give title w) | | Other (specify below) | | |
| C/O ATYR PHARMA, INC. 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) X Form filed by One Reporting Person | | | | | | |
| (Street) SAN DIE | EGO C | A 9 | 92121 | | | | | | | | | | | Λ | | filed by More | | • | | |
| (City) | (5 | State) (| 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. Transact Date (Month/Day | | | | | | Execution Date, | | | Code (Ins | Transaction Dispose Code (Instr. and 5) | | | uired (A) Instr. 3, | Securit Benefit Owned | | ties Fo cially (D) | | n: Direct r ect (I) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amoun | t (A) or (D) | | e | | | | r. 4) | (Instr. 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. Transaction Code (Instr 8) | | on of E | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | of Der Sec | Price rivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y 1 | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | Ex Da | piration te | Title | Amount or Number of Shares | | | | | | | |
| Stock Option (right to buy) | \$3.25 | 04/07/2017 | | | A | | 32,000 | | (1) | 04 | /07/2027 | Common Stock | 32,000 |) \$ | \$0.00 | 32,000 | | D | | |

Explanation of Responses:

1. The shares subject to this option shall vest and become exercisable in 36 equal monthly installments beginning May 7, 2017, such that this option will fully exercisable on April 7, 2020, subject to the recipient's continued service on the Issuer's Board of Directors.

Remarks:

Nancy D. Krueger, Attorney-In-Fact

04/10/2017

** 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.