## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, I	D.C.	20549
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STATEMENT	OF CHANGES	IN BENEFICIAL	<b>OWNERSHIP</b>

OMB APPROVAL OMB Number: 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).

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* SCHIMMEL PAUL						2. Issuer Name and Ticker or Trading Symbol aTYR PHARMA INC [ LIFE ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
SCHIMWEL PAUL													X	Director		10% C		Owner		
(Last) 3545 JOH	(Fi	rst) (	Middle	,		3. Date of Earliest Transaction (Month/Day/Year) 04/12/2019								Offic belo	er (give title w)		Other (specify below)			
					4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
(Street)						(								Line)						
SAN DIE	GO CA	A 9	2121											X	Form filed by One Reporting Person					
,					-										Form filed by More than One Reporting Person					
(City)	(St	ate) (	Zip)												1 010					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
Date			2. Transaction Date (Month/Day/		Execution Date,		e,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			5)	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price		Report Transa (Instr. 3	nsaction(s) str. 3 and 4)			(Instr. 4)	
Common Stock														40	0,440		D			
Common Stock															88	32,302		T I	See Footnote <sup>(1)</sup>	
Common	Common Stock 04/12/201			19	9			A		1,848,428 <sup>(2)</sup>	A	\$0.54	41 <sup>(2)</sup>	2,570,242				See Footnote <sup>(3)</sup>		
	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)	Exec if any	eemed ution Date, th/Day/Year)	4. Transa Code 8)	(Instr.	5. Num of Deriv. Secum Acqu (A) or Dispo of (D) (Instr. and 5	ative rities ired osed	Expi (Mor	ration I nth/Day	Securities Underlying Derivative Security (Instr.: and 4)  Amount or Number of		Dei Sec (Ins	s. Price of berivative decurity security security security securities Beneficial Owned Following Reported Transactio (Instr. 4)		у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

## **Explanation of Responses:**

- 1. These shares are owned directly by Paul Schimmel Prototype PSP, Paul Schimmel Trustee, FBO Paul Schimmel. The Reporting Person is the sole owner of the Paul Schimmel Prototype PSP, Paul Schimmel Trustee, FBO Paul Schimmel.
- 2. Represents shares acquired in a registered direct offering pursuant to a Securities Purchase Agreement, dated April 10, 2019, entered between aTyr Pharma, Inc. and the investors named therein. Pursuant to the terms of the Securities Purchase Agreement, investors purchased shares of common stock at a purchase price of \$0.541 per share.
- 3. These shares are owned directly by Schimmel Revocable Trust U/A Dtd 9/6/2000. The Reporting Person and his spouse are trustees of the Schimmel Revocable Trust U/A Dtd 9/6/2000.

## Remarks:

Nancy D. Krueger, Attorney-04/16/2019 in-Fact

\*\* Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.