FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

| OMB Number: | 3235-0287 |
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| Section obligation | this box if no lo 16. Form 4 or ons may contir ion 1(b). | | STAT | | d pursi | uant to | o Sectior | n 16(a) | S IN B | curitie | es Exchan | ge Act of | VNERS 1934 | HIP | | mber: d average burden r response: | 0.5 | | |
|--|---|------------|-------|-----------------------------|--|--|-------------|--|---------------------|---------|---|---|---|---|---|--|-----|--|--|
| 1. Name and Address of Reporting Person [*] Shukla Sanjay | | | | | 2. Issuer Name and Ticker or Trading Symbol <u>aTYR PHARMA INC</u> [LIFE] | | | | | | | | (Che | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
| (Last) (First) (Middle) 3545 JOHN HOPKINS COURT, SUITE #250 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/04/2021 | | | | | | | | | X Officer (give title Other (specify below) below) President and CEO | | | | | |
| (Street) SAN DIE | | | 92121 | | 4. lf / | Amend | dment, D | Date of | Original F | iled (| Month/Da | y/Year) | Line |) 🏹 Form fil | ed by One R | ling (Check App eporting Person han One Report | | | |
| (City) | (5 | | (Zip) | n-Deriv | ative | Seci | urities | s Aco | uired. [| Disp | osed o | of. or Be | neficially | / Owned | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date | | | | 1 | | | ed Date, | 3. Transaction Code (Instr. 8) Code \V Amount (A) or | | | ed (A) or str. 3, 4 and 5 | 5. Amoun Securities Beneficia Owned Fo Reported Transactio | s Fe lly (E bllowing (I) on(s) | orm: Direct D) or Indirect) (Instr. 4) | 7. Nature of ndirect Beneficial Dwnership Instr. 4) | | | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) (Instr. 3 and 4) | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) 2. 3. Transaction Date Price of Derivative Security 3A. Deemed Execution Date (Month/Day/Year) 1. Transaction Date (Month/Day/Year) 3A. Deemed Execution Date if any (Month/Day/Year) | | | Co | Transaction Code (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 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 of derivative Securities Beneficially Owned Following Reported Transaction | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | Co | de V | . (4 | (A) (D) | | Date Exercisable | | xpiration ate | Title | Amount or Number of Shares | | (Instr. 4) | | | | |
| Employee Stock Option (right to buy) | \$ 4.52 | 02/04/2021 | | I | 1 | 12 | 120,000 | | (1) | 02 | 2/04/2031 | Common Stock | 120,000 | \$0.00 | 120,000 | D | | | |

Explanation of Responses:

1. The shares subject to this option shall vest and become exercisable in 48 equal monthly installments beginning March 4, 2021, such that this option will be fully exercisable on February 4, 2025. This option is subject to accelerated vesting upon termination without cause upon change of control of the issuer.

Remarks:

Nancy E. Denyes, attorney-in-02/08/2021 fact

** 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.