FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|-------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burde | en | | | | | | | |
| 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* <u>Hatfield Jeffrey S.</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol <u>aTYR PHARMA INC</u> [LIFE] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
|---|--|--|---|------|--|---|--|--|--------------------|---|--|---|--|---|--|--|--|
| (Last) (First) (Middle) C/O ATYR PHARMA, INC. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/08/2019 | | | | | | Officer below) | (give title | | Other (specifical below) | pecify | |
| 3545 JOHN HOPKINS COURT, SUITE 250 | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) | EGO CA | A | 92121 | | | | | | | | | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Execution Date, | | 3. Transaction Code (Instr. 8) Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) 5) | | | | Benefici | es ally Following | Form: | Direct Condinect Endirect Condinect | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | Code V | Amoun | (A) o (D) | r Price | Transac (Instr. 3 | tion(s) | | | (111501.4) | |
| | 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 | xercise (Month/Day/Year) e of vative | 3A. Deemed Execution Date, if any (Month/Day/Year) | Code | | | | 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) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | | |
| Stock Option (right to buy) | \$0.5834 | 05/08/2019 | | A | | 20,000 | | (1) | 05/08/2029 | Common Stock | 20,000 | \$0.00 | 20,000 | | D | | |

Explanation of Responses:

1. The option, granted pursuant to the Issuer's non-employee director compensation policy, vests in full on the earlier of (i) May 8, 2020 or (ii) the Issuer's 2020 Annual Meeting of Stockholders, subject to the Reporting Person's continued service on the Board of Directors.

Remarks:

Nancy Krueger, as Attorney-in-

Fact

** Signature of Reporting Person

Date

05/10/2019

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.