Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to | STATEMENT OF CHANGES IN BENEFICIAL | OWNERSHIP |
|--|------------------------------------|------------------|
| Section 16. Form 4 or Form 5 | | |
| obligations may continue. See | | |

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* Blake John T | | | | | 2. Issuer Name and Ticker or Trading Symbol <u>aTYR PHARMA INC</u> [LIFE] | | | | | | | | | | | Owner |
|--|--|---|---|-----------------|--|-----------|---|---------------------|--|-------------------------------|---|---|--|---|--|--|
| (Last) (First) (Middle) 3545 JOHN HOPKINS COURT, SUITE 250 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/27/2016 X Officer (give title below) Vice President, F. | | | | | Other (s below) Finance | pecify | | | | | |
| (Street) SAN DIII | | | 92121 (Zip) | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | Line | dividual or Joint/Group Filing (Check Applicable) ✓ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | |
| Date | | | Transaction te onth/Day/Y | Execution Date, | | Code (Ins | Transaction Disposed Of (D) (Instr. 3, 4) | | | Beneficia | s ally following | Form: | Direct of Indirect In | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | Code V | Amount | (A) oi (D) | Price | Transact (Instr. 3 a | ion(s) | | | iiisu. 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 | version Date (Month/Day/Year) in the contract of the contract | 3A. Deemed Execution Date, if any (Month/Day/Year) | Code (| Transaction Code (Instr. | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | ily | 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 | | | | | |
| Employee Stock Option (right to | \$6.14 | 01/27/2016 | | A | | 20,000 | | (1) | 01/27/2026 | Common Stock | 20,000 | \$0.00 | 20,000 |) | D | |

Explanation of Responses:

1. The shares subject to this option shall vest and become exercisable in 48 equal monthly installments beginning on February 1, 2016, such that this option will be fully exercisable on January 1, 2020. This option is subject to accelerated vesting upon termination without cause upon a change of control of the Issuer.

Remarks:

/s/ John T. Blake

01/29/2016

** 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.