FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
-------------	------------

Check this box if no longer subject
to Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(h)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 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

Name and Address of Reporting Person* Shukla Sanjay					2. Issuer Name and Ticker or Trading Symbol aTYR PHARMA INC [LIFE]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Silukia	Shukia Sanjay						[]								X Director			10% Ov	vner
(Last)	,	,	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 11/10/2023								X	Office below	,	and	Other (s	specify
10240 SORRENTO VALLEY ROAD														President and CEO					
SUITE 3	00				4. If <i>A</i>	Amend	ment,	Date (oate of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Appline)									pplicable	
(Street)	(Street)														Form filed by One Reporting Person				
, ,	N DIEGO CA 92121														Form filed by More than One Reporting Person				orting
(City)	(St	ate) (2	Zip)		Rule 10b5-1(c) Transaction Indication														
											saction was m ions of Rule 10					uction or writt	en pla	an that is inter	nded to
		Table	l - No	n-Deriva	tive S	Secui	rities	Acc	quired	l, Dis	posed of	, or E	Benefic	ially	Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day				Execu /Year) if any		eemed Ition Date, h/Day/Year)		3. Transaction Code (Instr. 8) 4. Securitie: Disposed O			s Acquired (A) f (D) (Instr. 3, 4		and 5) Securi Benefi		cially I Following	Forn (D) c	m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
						Code	v	Amount	(A) oi (D)	Price	Trans		ction(s) 3 and 4)			(Instr. 4)			
Common	non Stock 11/10/20)23					1,422	Α	\$1.1	38(1)	3 ⁽¹⁾ 77,595			D	
Common	Stock			11/13/20	023				P		13,578	A	\$1.1	.111 ⁽²⁾ 91,173 D				D	
		Tal	ble II								osed of,				Owne	t			
				(e.g., pu	its, ca	alis, v	varra	ints,	optio	ons, o	convertib	ie se	curitie	s)					
1. Title of Derivative Security (Instr. 3)	tive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any		tion Date,	4. Transaction Code (Instr. 8)		5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5	rities ired r osed)	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		8. Price o Derivative Security (Instr. 5)				10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Cod		v	(A)	(D)	Date Exerc	isable	Expiration Date								

Explanation of Responses:

- 1. Represents weighted average price for the shares. The shares were purchased at prices ranging from \$1.13 to \$1.14 per share. The reporting person will provide to the Securities and Exchange Commission staff, the issuer, or any security holder of the issuer, upon request, full information regarding the number of shares purchased at each separate price.
- 2. Represents weighted average price for the shares. The shares were purchased at prices ranging from \$1.09 to \$1.13 per share. The reporting person will provide to the Securities and Exchange Commission staff, the issuer, or any security holder of the issuer, upon request, full information regarding the number of shares purchased at each separate price.

Remarks:

/s/ Nancy E. Denyes, 11/13/2023 Attorney-in-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.