FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## Vuolington, D.O. 20040

STATEMENT	OF CHANGES	IN BENEFICIAL	<b>OWNERSHIP</b>

OMB APPRO	DVAL
OMB Number:	3235-0287
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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*  Amanullah Ashraf					2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>aTYR PHARMA INC</u> [ LIFE ]										Check all	applicable) Director	ng Perso	Person(s) to Issuer  10% Owner Other (specify below)  Manufacturing		
(Last) (First) (Middle) 3545 JOHN HOPKINS COURT, SUITE #250				)	3. Date of Earliest Transaction (Month/Day/Year) 12/20/2016										^ t	fficer (give title elow) Tice President, Mar				
(Street) SAN DIE			)2121 Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)     X 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																				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da						Execution Dat		n Date,	Transaction Disposed Code (Instr.		ties Acquired (A) of (D) (Instr. 3, 4			id 5) Se Be Or	Amount of ecurities eneficially wned Following eported	Form:	nership Direct Indirect tr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount (A) or (D)		Price	Tr	Transaction(s) (Instr. 3 and 4)			(111501. 4)		
Common Stock 12/20					2016		P		11,000 A \$		\$2.2	11,000			D					
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)	erivative ecurity nstr. 3)  Conversion or Exercise price of Derivative Security  Date (Month/Day/Year)  I Execution Date, if any (Month/Day/Year)  Month/Day/Year)  Trans Code (Month/Day/Year)		Transa Code (	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		nstr. 3	8. Price Derivat Securit (Instr. 5	ve derivative Securities	Ow For Dir or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
			Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	of Sh	ares								

Explanation of Responses:

Remarks:

<u>/s/ Nancy Krueger, as</u> <u>Attorney-in-Fact</u>

12/21/2016

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.