FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL							
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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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* Gengos Andrew 2. Date of Event Requiring Statement (Month/Day/Year)		3. Issuer Name and Ticker or Trading Symbol Athira Pharma, Inc. [ATHA]						
(Last) (First) (Middle) C/O ATHIRA PHARMA, INC. 18706 NORTH CREEK PARKWAY, SUITE 104	_ 05/18/202	23	4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title below) below) See Below			5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Street) BOTHELL WA 98011 (City) (State) (Zip)	-					A Person	e Line) by One Reporting by More than One	
Table I - Non-Derivative Securities Beneficially Owned								
1. Title of Security (Instr. 4)		2. Amount of Securities Beneficially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
No securities are beneficially owned		0	D					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)								
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable and Expiration Date (Month/Day/Year)		Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of	e Form:	6. Nature of Indirect Beneficial Ownership (Instr.		
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Derivative Security	Direct (D) or Indirect (I) (Instr. 5)	5)	
No securities are beneficially owned	(1)	(1)	Not applicable	0	0.00	D		

Explanation of Responses:

1. Not applicable

Remarks:

Chief Financial Officer and Chief Business Officer

/s/ Mark Worthington,

Attorney-in-fact for Andrew Gengos

** Signature of Reporting

Person

05/22/2023

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 5 (b)(v).
- $^{**} \ Intentional \ misstatements \ or \ omissions \ of facts \ constitute \ Federal \ Criminal \ Violations \ See \ 18 \ U.S.C. \ 1001 \ and \ 15 \ U.S.C. \ 78 \ ff(a).$

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.