FORM 4

obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

vvasiniigtori,	D.C.	20040	

Check this box if no longer subject to Section 16. Form 4 or Form 5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: 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* MILESON GLENNA						2. Issuer Name and Ticker or Trading Symbol Athira Pharma, Inc. [ATHA]								heck all ap Dire	ationship of Reporting k all applicable) Director Officer (give title		son(s) to Iss 10% Ov Other (s	vner	
	HIRA PHAI	RMA, INC.	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/18/2021								pelo	below) below) Chief Financial Officer				
18706 N	18706 NORTH CREEK PARKWAY, SUITE 104					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) BOTHEL	LL W	Ά :	98011		,									X Form	Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(Si	tate)	(Zip)																
		Tab	le I - No	on-Deriv	ative	Sec	uriti	ies Ac	quired	l, Di	sposed o	of, or Be	neficia	lly Own	ed				
Date			2. Transac Date (Month/Da	Exay/Year) if a		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 a			5) Secur Benef Owne	cially d Following	Forn (D) c	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D)	Price	Trans	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
Common Stock ⁽¹⁾ 05/18/20 Common Stock 06/10/2			021(2)				A	v	1,554	A	\$14.4	5 ⁽³⁾	3,519		D				
			2021				M		6,305	A	\$1.3	1.35 89,824		D					
		Т	able II								osed of converti			y Owned	I				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deer Execution if any (Month/I	on Date,		saction of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		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)		e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares						
Stock Option (Right to	\$1.35	06/10/2021			M			6,305	(4)		12/17/2028	Common Stock	6,305	\$0.00	6,305	5	D		

Explanation of Responses:

- 1. The reporting person is voluntarily reporting the acquisition of shares of the issuer's common stock pursuant to the Athira Pharma, Inc. 2020 Employee Stock Purchase Plan ("ESPP"), for the ESPP Purchase Period (as defined in the ESPP) of October 2, 2020 through May 18, 2021. This transaction is also exempt under Rule 16b-3(c).
- 2. The Purchase Period ended May 18, 2021 and is the Purchase Period comprising the Offering Period (as defined in the ESPP) that began October 2, 2020.
- 3. In accordance with the ESPP, these shares were purchased based on 85% of the closing price of the initial public offering price from the issuer's initial public offering.
- 4. The shares subject to the option fully vested on January 1, 2021.

Remarks:

<u>/s/ Glenna Mileson</u> <u>06/10/2021</u>

** 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.