FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Washington, I | D.C. 20549 |
|---------------|------------|
|---------------|------------|

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

|  | OMB APPROVAL                                      |     |  |  |  |  |  |  |  |  |
|--|---|-----|--|--|--|--|--|--|--|--|
|  | OMB Number: 3235-0287<br>Estimated average burden |     |  |  |  |  |  |  |  |  |
|  |   |     |  |  |  |  |  |  |  |  |
|  | hours per response                                | 0.5 |  |  |  |  |  |  |  |  |

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

| 1. Name and Address of Reporting Person*  MOEBIUS HANS                               |  |  |  |  | 2. Issuer Name and Ticker or Trading Symbol Athira Pharma, Inc. [ ATHA ] |   |  |   |                                     |            |   |   | (Chec                 | ationship of Reporti<br>c all applicable)<br>Director<br>Officer (give title |                                       | 10% Ov  |   | vner   |             |
|--|--|--|--|--|--|---|--|---|-------------------------------------|------------|---|---|-----------------------|--|---------------------------------------|---|---|--------|-------------|
| (Last) (First) (Middle) C/O ATHIRA PHARMA, INC. 18706 NORTH CREEK PARKWAY, SUITE 104 |  |  |  |  |  | 3. Date of Earliest Transaction (Month/Day/Year) 06/28/2022               |  |   |                                     |            |   |   |                       | X  | below)  Chief Medical C               |   |   | below) |             |
| (Street) BOTHELL WA 98011 (City) (State) (Zip)                                       |  |  |  |  | 4. If A  | 4. If Amendment, Date of Original Filed (Month/Day/Year)                  |  |   |                                     |            |   |   | 6. Indi<br>Line)<br>X | -7   |                                       |   |   |        |             |
|  | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned   |  |  |  |  |   |  |   |                                     |            |   |   |                       |  |                                       |   |   |        |             |
| 1. Title of Security (Instr. 3)  2. Transact Date (Month/Day                         |  |  |  |  | Execution Date,  |   |  |   | es Acquired (A<br>Of (D) (Instr. 3, |            |   | 5. Amount of<br>Securities<br>Beneficially<br>Owned Following<br>Reported |                       | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4)            |                                       | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |   |        |             |
|  |  |  |  |  |  |   |  |   | Code                                | v          | Amount (A                                 |   | or Pri                | ice  | Transa                                | action(s)<br>3 and 4)   |   |        | (111341. 4) |
| Common Stock 06/28/2   |  |  |  |  | 2022   |   |  | P   |                                     | 10,000 A   |   | \$  | 2.88                  | 52,955   |                                       |   | D |        |             |
|  | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |  |  |  |  |   |  |   |                                     |            |   |   |                       |  |                                       |   |   |        |             |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                                  | rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any  |  |  | Transaction of Code (Instr. Derivative |  | 6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration |  | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Inst<br>3 and 4) |                                     | De Se (In: | Price of<br>rivative<br>curity<br>str. 5) |   |                       | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4)     | Beneficial<br>Ownership<br>(Instr. 4) |   |   |        |             |

Explanation of Responses:

Remarks:

/s/ Glenna Mileson, Attorneyin-Fact for Hans Moebius

06/30/2022

\*\* 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.