FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
vvasiliigtoii,	D.C.	20049

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
OMB Number: 3235-02							
Estimated average burden							
hours per response:							

	tion 1(b).			File) of the Secu				934		Hours	per rest	JULISE.	0.5	
					or	Sect	ion 30(h) (of the	Ínvestment (Company	Act d	of 1940							
Name and Address of Reporting Person* Kosacz Barbara					2. Issuer Name and Ticker or Trading Symbol Athira Pharma, Inc. [ATHA]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
NOSAUZ DAIDAIA					_									X Director 10% Own				ner	
(Last)	(F	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/24/2024								Officer below)	(give title		Other (s below)	pecify	
C/O ATHIRA PHARMA, INC.					4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. 1	6. Individual or Joint/Group Filing (Check Applicable					
18706 NORTH CREEK PARKWAY, SUITE 104				"	and an engineer rise (months buy) really							Line)						
(011)														X Form filed by One Reporting Person Form filed by More than One Reporting					
(Street) BOTHE	LL W	'A	98011											Persor		o triarr	One repor	9	
					R	ule	10b5-	1(c)	Transa	ction I	ndi	ication	·						
(City)	(S	tate)	(Zip)			l Cho	ck this boy	to indi	cate that a tra	neaction w	ac m	ado purcua	nt to a cont	act instruction	n or writton r	olan tha	it is intended	to	
					∥⊔				defense cond						ii oi wiilleii j	piaii ilia	it is interioed	10	
		Tab	le I - Nor	ı-Deriv	/ativ	e Se	curities	s Ac	quired, D	ispose	d o	f, or Be	neficial	y Owned					
1. Title of Security (Instr. 3) 2. Transa Date (Month/D						2A. Deemed Execution Date, if any (Month/Day/Year		Code (Ins	Transaction Disposed Of (D) (Instr. 3, Code (Instr. 5)				ies For ially (D) Following (I) (rm: Direct) or Indirect	7. Nature of Indirect Beneficial Ownership			
								Code	Amo	Amount (A) or (D)		Price	Reported Transact (Instr. 3	ion(s)			(Instr. 4)		
		-							uired, Dis , options					Owned					
Derivative Conversion Date Executi Security or Exercise (Month/Day/Year) if any		3A. Deemed Execution I if any (Month/Day	Date, Transacti Code (Ins					6. Date Exercisable and Expiration Date (Month/Day/Year)		d	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)	ly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	V	(4)	(D)	Date Exercisable	Expirati Date	on	Title	Amount or Number of Shares						
Stock					Code	<u> </u>	(A)	(5)	LAGICISADIO	Date	\dashv		Silates						
Option (Right to Buy)	\$2.64	05/24/2024			A		20,900		(1)	05/23/20)34	Common Stock	20,900	\$0	20,900		D		

1. The shares subject to the option will vest on the earlier of (i) May 24, 2025, or (ii) the day immediately before the date of the next annual meeting of the Issuer's stockholders that occurs after May 24, 2024. The option reported was granted pursuant to the terms of the Issuer's Outside Director Compensation Policy.

> /s/ Mark Worthington, Attorney 05/24/2024 in fact for Barbara Kosacz

** Signature of Reporting Person

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.