| SEC Form 4 | | | | | | | | | | | | | |
|--|-----------------|--|--|---|------|--|---------------|-----------|---|--------------------------------|---|---|--|
| FORM 4 | UNITED | STATES | SECURITIES | | | | E CC | OMMIS | SION | | | | |
| | | Washington, D.C. 20549 | | | | | | | OMB APPROVAL | | | | |
| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). | Filed purs | Pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 | | | | | | | Estimated average burden | | 3235-0287 en 0.5 | | |
| 1. Name and Address of Reporting Pers <u>PICKERING GRANT</u> | on [*] | | suer Name and Ticken nira Pharma, Ind | | | | | | ationship of Re k all applicable Director | | g Person(s) to Is 10% C | | |
| (Last) (First) | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 05/24/2024 | | | | | | Officer (give below) | ve title Other (spec below) | | | |
| C/O ATHIRA PHARMA, INC. 18706 NORTH CREEK PARKWAY, SUITE 104 | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | Individual or Joint/Group Filing (Check Applicable le) X Form filed by One Reporting Person | | | | |
| (Street) BOTHELL WA | 98011 | | | | | | | | Form filed b Person | oy Mor | e than One Repo | orting | |
| | | | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | |
| (City) (State) | (Zip) | | Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | |
| 1 | able I - Nor | n-Derivative | Securities Acqu | uired, | Disp | oosed of, o | r Bene | eficially | Owned | | | | |
| | | 2. Transaction Date (Month/Day/Yea | ar) 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | | 4. Securities A Disposed Of (5) | | | 5. Amount of Securities Beneficially Owned Follow Reported | es ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | Amount | (A) or (D) | Price | Transaction(s (Instr. 3 and 4 | | | (| |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | |

(e.g., puts, calls, warrants, options, convertible securities) 3. Transaction Date (Month/Day/Year) 5. Number of Derivative 6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and Amount of Securities Underlying Derivative Security 11. Nature of Indirect Beneficial 1. Title of Derivative 3A. Deemed Execution Date, 8. Price of Derivative 9. Number of derivative 10. Ownership Conversion Tran action Security (Instr. 3) Code (Instr. 8) Securities Beneficially or Exercise Price of Form: Direct (D) if any Security (Instr. 5) (Month/Dav/Year) Securities Ownership Owned Following Reported Transaction(s) (Instr. 4) Acquired (A) or Disposed Derivative Security (Instr. 3 and 4) or Indirect (I) (Instr. 4) (Instr. 4) of (D) (Instr. 3, 4 and 5) Amount or Number Date Expiration of Code v (A) (D) Exercisable Date Title Shares Stock Option \$2.64 05/24/2024 20,900 (1) 05/23/2034 Common 20,900 20,900 D A \$<mark>0</mark> (Right to Buy) Stock

Explanation of Responses:

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 in fact for Grant Pickering | 05/24/2024 |
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** 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.