SEC For																		
FORM 4 UNIT				ED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549												OMB APPROVAL		
Section obligati	this box if no lo n 16. Form 4 or ons may contir tion 1(b).	ed purs	DIF OF CHANGES IN BENEFICIAL OWNERSHIP pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940									OMB Number: 3235-0287 Estimated average burden hours per response: 0.5						
1. Name and Address of Reporting Person* MOEBIUS HANS															of Reportin cable) or (give title	ig Pers	son(s) to Issi 10% Ow Other (s	ner
(Last) (First) (Middle) C/O ATHIRA PHARMA, INC. 18706 NORTH CREEK PARKWAY, SUITE 104						3. Date of Earliest Transaction (Month/Day/Year) 07/21/2021								below)		ief Medical Officer		
(Street)														6. Individual or Joint/Group Filing (Check Applicable Line)				
BOTHELL WA 98011																•	orting Persor n One Repor	
(City)	(City) (State) (Zip)													Person				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da						Execution			3. Transaction Code (Instr. 8)			ties Acquired (A) or I Of (D) (Instr. 3, 4 an		Benefici	es ally Following	Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	(A) or (D)	Price	Transac (Instr. 3	tion(s)			instit. 4)
Common Stock ⁽¹⁾				05/18/2	18/2021 ⁽²⁾				A	v	2,055	A	\$14.45	⁽³⁾ 2,	055		D	
Common Stock 07.				07/21	1/2021				М		12,610	A	\$1.35	14	,665		D	
Common Stock 07/21/2									М		15,762					,427		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,	4. Transa Code (I B)		5. Number of		6. Date Expirati (Month/	ion Da		7. Title an of Securit Underlyin Derivative (Instr. 3 ar	ies g Security	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transactin (Instr. 4)	e s Illy J	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code		(A)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares					
Stock Option (Right to Buy)	\$1.35	07/21/2021			м			12,610	(4)		06/25/2029	Common Stock	12,610	\$0.00	0		D	
Stock Option (Right to Buy)	\$1.35	07/21/2021			м			15,762	(5)		08/14/2029	Common Stock	15,762	\$0.00	15,76	3	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 September 17, 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 September 17, 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 April 1, 2021.

5. One-fourth of the shares subject to the option vested on June 1, 2020 and one-fourth of the shares subject to the option vest on each year thereafter.

Remarks:

/s/ Glenna Mileson, Attorney in 07/21/2021

fact for Hans Moebius

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 \ast 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.