SEC Form 4 FORM 4			UNITE	N STA	TE	5 56		ITIF	=S AN		- XCI	-10		OMM	NISSIO	N						
		5017		0.01			ngton, D.(ОМВ	APPRO	VAL				
Section 16. Form 4 or Form 5				NT	NT OF CHANGES IN BENEFICIAL OWNERSHIP											11	OMB Number: 3235-02 Estimated average burden					
bligations may continue. See Instruction 1(b).					ed pur	I pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940														0.5		
1. Name and Address of Reporting Person* PERCEPTIVE ADVISORS LLC					2.	2. Issuer Name and Ticker or Trading Symbol Athira Pharma, Inc. [ATHA]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
					3. Date of Earliest Transaction (Month/Day/Year)									_	X Director Officer (giv below)				10% O Other (below)			
(Last) (First) (Middl 51 ASTOR PLACE, 10TH FLOOR							8/2021									1000)						
(Street) NEW YORK NY 1000				10003													 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting 					
(City) (State) (Zip)					-	X Form filed Person												re thar	n One Repo	orting		
		Tak	ole I - Nor	n-Deriv	/ativ	e Se	curities	s Ac	quired	, Dis	spose	ed o	f, or Be	neficia	lly Owr	ned						
Date				2. Trans Date (Month/		'ear) i	2A. Deemed Execution Date if any		Code (Instr.		n Disposed		ties Acquire I Of (D) (Ins		and Securitie Beneficia		s Ily	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
						[Month/Day/Yea		ar) 8) Code			ount	(A) or (D)	Price	Repo Tran	Owned Follor Reported Transaction(s (Instr. 3 and 4)			istr. 4)	(Instr. 4)			
Table II - Derivative S							urities	Acq	uired,	Disp	osed	of,	or Bene	eficially	`				I			
4 7741 6	s, warrants, options, conve						-				0.01		40	11. Nature								
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, if any		I. Fransaction Code (Instr. 3)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisal Expiration Date (Month/Day/Year		e		7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	o of Indirect Beneficial Ownership (Instr. 4)		
					Code	v			Date Exercisa		Expiration Date		Title	Amount or Number of Shares								
Stock Option (Right to Buy)	\$19.94	05/28/2021			A		13,871		(1)		05/27/2	031	Common Stock	13,871	\$0		13,87	1	I	See Footnote ⁽²⁾		
		Reporting Person*	LC				,						'	,	,							
(Last) (First) (Middle) 51 ASTOR PLACE, 10TH FLOOR																						
(Street) NEW Y(10003																					
(City) (State)			(Zip)																			
1. Name and Address of Reporting Person* PERCEPTIVE LIFE SCIENCES MASTER FUND LTD																						
(Last) 51 ASTO	(First) , 10TH FLOOR	(Middle) OR																				
(Street) NEW YORK		NY	1000	3		_																
(City)	(City) (State) (Zip)																					

Explanation of Responses:

1. The shares subject to the option will vest on the earlier of (i) May 28, 2022, or (ii) the day immediately before the date of the next annual meeting of the Issuer's stockholders that occurs after May 28, 2021. 2. Consists of options to purchase shares of the Issuer's common stock awarded to Joseph Edelman in connection with his role as a member of the Issuer's Board of Directors. Mr. Edelman is the managing member of Perceptive Advisors LLC (the "Advisor"). The Advisor may be deemed to have an indirect pecuniary interest in the options to purchase common stock of the Issuer reported herein because the Advisor has the right to receive the director compensation provided in respect of Mr. Edelman's board service through a partial management fee offset.

> /s/ Joseph Edelman - for <u>Perceptive Life Sciences</u> <u>Master Fund Ltd., By:</u> <u>Perceptive Advisors LLC, its</u> <u>investment manager, By:</u>

06/01/2021

<u>Joseph Edelman, its managing</u> member <u>/s/ Joseph Edelman - for</u> Perceptive Advisors LLC, By: Joseph Edelman, its managing 06/01/2021 <u>member</u> Date

** 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.