FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Wash

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ington, D.C. 20549	=

OMB APPROVAL									
OMB Number:	3235-0287								
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Name and Address of Reporting Person* Romano Kelly A					2. Issuer Name and Ticker or Trading Symbol Athira Pharma, Inc. [ATHA]									all app	onship of Reporting all applicable) Director		rson(s) to Is		
(Last)	(Fir	st) (M	Лiddle	e)	3. Date of Earliest Transaction (Month/Day/Year) 06/21/2024									Office	er (give title		Other (s below)	specify	
C/O ATHIRA PHARMA, INC. 18706 NORTH CREEK PARKWAY, SUITE 104					4. lf /	4. If Amendment, Date of Original Filed (Month/Day/Year)								Indiv					··
(Street) BOTHELL WA 98011				Form filed by More than One Reporting Person											orting				
(City)						Rule 10b5-1(c) Transaction Indication													
	(***)				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.														
		Table	I - N	lon-Deriva	tive S	Secur	rities	Ac	quire	d, Di	sposed of	f, or E	Benefici	ially	Own	ed			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye				Execution Dat		Code (Instr.						l and 5)		5. Amount of Securities Beneficially Owned Following Reported		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) or (D)	Price		Transa	ction(s) 3 and 4)			(111511. 4)
Common Stock 06/21/202					24				P		15,000	A	\$2.258	31(1)	53,315			D	
Common Stock 06/24/202					24				P		27,400	A	\$2.415	153 ⁽²⁾ 80,715			D		
	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	cise (Month/Day/Year) if any (Month/Day/Year) ive				Transaction of Code (Instr. Derivation)		rative rities ired r osed) r. 3, 4	Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)				9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code V		(A)	(D)	Date) Exercisab		Expiration e Date Tit		or Number of Shares	er					

Explanation of Responses:

- 1. The reported price is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$2.20 to \$2.32, inclusive. The reporting person undertakes to provide the Issuer, any security holder of the Issuer, or the staff of the SEC, upon request, full information regarding the number of shares purchased at each separate price within such range.
- 2. The reported price is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$2.39 to \$2.43, inclusive. The reporting person undertakes to provide the Issuer, any security holder of the Issuer, or the staff of the SEC, upon request, full information regarding the number of shares purchased at each separate price within such range.

/s/ Mark Worthington,

06/25/2024 Attorney in fact for Kelly A.

Romano

** 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.