FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

OMB APPROVAL

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

1. Name and Address of Reporting Person* FLUKE JOHN M JR							2. Issuer Name and Ticker or Trading Symbol Athira Pharma, Inc. [ATHA]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last) (First) (Middle)						Date of Earliest Transaction (Month/Day/Year)								X Director Officer (give title below)			10% Owner Other (specify below)			
C/O ATHIRA PHARMA, INC.							09/22/2020													
4000 MASON ROAD, SUITE 300							ndme	ent, Date	of Origi	nal Fil	ed (Month/Da		6. Individual or Joint/Group Filing (Check Applicable							
(Street)					_									Line) X Form filed by One Reporting Person						
SEATTL	SEATTLE WA 98195				_								Form filed by More than One Reporting Person							
(City)	(S	tate)	(Zip)																	
		Tal	ble I - N	lon-Der	ivativ	ve Se	curi	ties A	cquire	d, D	isposed (of, or Be	eneficia	ally Owned	d					
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day						Execution Date,			3. Transa Code (8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following		6. Owner Form: Dir (D) or Ind (I) (Instr.		Indire Bene Owne	ficial ership	
									Code	v	Amount	(A) or (D)	Price	Transaction (Instr. 3 and	(s) 4)			(Instr	.4)	
Common Stock 09/22/20						20			C ⁽¹⁾		12,610	.0 A \$0		63,050 П						
Common Stock 09/22/20					/2020	20		C ⁽²⁾		51,831	A	\$0.00	114,881		D					
Common Stock 09					/2020	2020					6,731	A	\$0.00	6,731	I	I		By Fluke Capital Management, L.P.		
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. Deel Execution if any (Month/I			Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Exerc tion Da h/Day/\		7. Title and Amour of Securities Underlying Derivative Securit (Instr. 3 and 4)		Derivative Security	9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares							
Series A Preferred Stock	(1)	09/22/2020			C ⁽¹⁾			12,610 (1) (1) Common Stock 12,610 \$0.00		\$0.00		0	D							
Series A-1 Preferred Stock	(2)	09/22/2020				51,831		(2))	(2)	Common Stock	51,831	\$0.00		0					
Series B-1 Preferred Stock	(3)	09/22/2020			C ⁽³⁾			6,731	(3))	(3)	Common Stock	6,731	\$0.00		0	I		By Fluke Capital Management, L.P	

Explanation of Responses:

- 1. Each share of Series A Preferred Stock automatically converted into one share of Common Stock immediately prior to the completion of the Issuer's initial public offering of Common Stock and had no expiration date.
- 2. Each share of Series A-1 Preferred Stock automatically converted into one share of Common Stock immediately prior to the completion of the Issuer's initial public offering of Common Stock and had no expiration date.
- 3. Each share of Series B-1 Preferred Stock automatically converted into one share of Common Stock immediately prior to the completion of the Issuer's initial public offering of Common Stock and had no expiration date.

Remarks:

/s/ Glenna Mileson, attorney-infact on behalf of John M. Fluke, 09/22/2020 Jr.

** Signature of Reporting Person Date

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

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.

 $^{^{\}star}$ 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).