SEC Form 4	
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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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

OMB APPROVAL									
OMB Number:	3235-0287								
Estimate de la company	la constana								

Estimated average burden hours per response: 0.5

		son [*]	2. Issuer Name and Ticker or Trading Symbol Athira Pharma, Inc. [ATHA]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
					Director	10% Owner			
P				1	Officer (give title below)	Other (specify			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year)		,	below)			
C/O ATHIRA PHARMA, INC.			09/03/2024	CHIEF SCIENTIFIC OFFICER					
18706 NORTH	CREEK PARKW	AY, SUITE 104							
			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv	vidual or Joint/Group Filin	ng (Check Applicable			
(Street)				Line)					
BOTHELL	WA	98011		1	Form filed by One Rep	orting Person			
					Form filed by More tha Person	in One Reporting			
(City)	(State)	(Zip)			1 013011				

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Dis Code (Instr.		4. Securities Disposed Of			5. Amount of Securities Beneficially Owned Following Reported	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)		(1130.4)
Common Stock ⁽¹⁾	05/20/2024 ⁽²⁾		A	v	4,953	A	\$1.34 ⁽³⁾	85,209	D	
Common Stock	09/03/2024 ⁽⁴⁾		A		10,000 ⁽⁵⁾	A	\$0	95,209	D	
Common Stock	09/05/2024		S ⁽⁶⁾		2,525	D	\$0.566 ⁽⁷⁾	92,684	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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		of Deriv Secu Acqu (A) o Dispe of (D	r osed) r. 3, 4	6. Date Exerc Expiration Da (Month/Day/Y	ate	7. Titl Amou Secur Unde Deriv Secur 3 and	int of rities rlying ative rity (Instr.	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)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

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 November 20, 2023 through May 20, 2024. This transaction is exempt under Rule 16b-3(c).

2. The Purchase Period ended May 20, 2024 and is the Purchase Period comprising the Offering Period (as defined in the ESPP) that began November 20, 2023.

3. In accordance with the ESPP, these shares were purchased based on 85% of the closing price on November 20, 2023.

4. On November 3, 2021, the reporting person was granted restricted stock units ("RSUs") representing 30,000 shares of Common Stock of the Issuer. The RSUs are scheduled to vest according to the following amended vesting schedule: (1) one third (1/3rd) of the number of shares subject to the RSU award vest at the completion of the public readout of topline results of the Issuer's ACT-AD Phase 2 clinical trial; (2) one third (1/3rd) of the number of shares subject to the RSU award vest as of the date the Compensation Committee (the "Committee") determines that enrollment of the Company's LIFT-AD Phase 2/3 clinical trial has been completed, and (3) one third (1/3rd) of the number of shares subject to the RSU award vest as of the completion of the public readout of topline results of the Issuer's LIFT-AD Phase 2/3 clinical trial (the "LIFT-AD Readout"), in each case subject to continued service with the Issuer through the applicable vesting date.

5. On September 3, 2024, the Company completed the public readout of the topline results of its LIFT-AD Phase 2/3 clinical trial and 10,000 RSUs vested on such date.

6. Represents shares of common stock sold to cover tax withholding and remittance obligations in connection with the vesting of RSUs pursuant to mandatory "sell to cover" policies maintained by the issuer and provisions contained in the reporting person's applicable RSU agreement, and does not represent a discretionary sale by the reporting person.

7. The "Amount" and "Price" reported in this Column 4 reflect the aggregate number and weighted-average price, respectively, of shares sold. These shares were sold in multiple transactions at prices ranging from \$0.5505 to \$0.5751, inclusive. The reporting person undertakes to provide to the Issuer, any security holder of the Issuer, or the SEC staff, upon request, full information regarding the number of shares sold at each separate price within the range set forth herein.

<u>/s/ Mark Worthington,</u> <u>Attorney-in-Fact on behalf of 09/05/2024</u>

Kevin Church

** 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.