

Information Sheet

Please list your purchase and sale transaction(s) in aTyr Pharma, Inc. (NASDAQ: ATYR) common stock between November 7, 2024 and September 12, 2025, (the "Class Period"), in the chart below. Please return completed form in the enclosed pre-paid envelope, by fax to 610-667-7056, or by scan/photo to info@ktmc.com or scan the QR code below. You may also submit your information online at www.ktmc.com/newcases.

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First Name Address Telephone Number Current Employer PURCHASES			Last Name						
			City, State, Zip Email Address (non-work - please print clearly) Signature						
							SALES		
							Buy Date	# Shares	Price per Share
Please list additions	l Class Pario	d transactions and/o	or transactions in relate	ad sacurities (ontions bonds or				
		ece of paper if neces		cu securities (options, bonds, or				
Are you a current or former employee of aTyr Ph Inc.? Yes / No (Circle)			ma, Did you purchase shares of aTyr Pharma, Inc. prior to the Class Period? Yes / No (Circle)						
LLP or you to file a lead p Meltzer & Check, LLP, in Check, LLP will contact y authorizing us to contact y	plaintiff motion in its sole discreti you to discuss the you by email, pho	in this matter. Any inform on, believes that you migh ne matter and whether to e one or by other means rega	nship, nor an obligation on the ation you submit will be maint be an appropriate lead plainestablish an attorney client rearding this case. You are also lk you, and please do not hesi	ntained as confidentiff candidate, Kellationship. By sign authorizing and r	ential. If Kessler Topaz essler Topaz Meltzer & ning this form you are equesting us to contact				
If you do not want to	be contacted	regarding future cases	s, please indicate that by	checking this	box.				