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.

First Name _____ Last Name _____

Address _____ City, State, Zip _____

Telephone Number _____ Email Address (non-work - please print clearly) _____

Current Employer _____ Signature _____

PURCHASES

Buy Date	# Shares	Price per Share

SALES

Sell Date	# Shares	Price per Share

Please list additional Class Period transactions and/or transactions in related securities (options, bonds, or preferred stock) on a separate piece of paper if necessary.

Are you a current or former employee of **aTyr Pharma, Inc.**?
Yes / No (Circle)

Did you purchase shares of **aTyr Pharma, Inc.** prior to the Class Period?
Yes / No (Circle)

The submission of this form does not create an attorney-client relationship, nor an obligation on the part of Kessler Topaz Meltzer & Check, LLP or you to file a lead plaintiff motion in this matter. Any information you submit will be maintained as confidential. If Kessler Topaz Meltzer & Check, LLP, in its sole discretion, believes that you might be an appropriate lead plaintiff candidate, Kessler Topaz Meltzer & Check, LLP will contact you to discuss the matter and whether to establish an attorney client relationship. By signing this form you are authorizing us to contact you by email, phone or by other means regarding this case. You are also authorizing and requesting us to contact you by email, phone or by other means regarding future cases. Thank you, and please do not hesitate to contact us with any questions.

If you do not want to be contacted regarding future cases, please indicate that by checking this box. ☐