FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPR	OVAL
OMB Number:	3235-0287
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nours per response	0.5

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 OF SECURITIES

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

(Print or Ty	pe Response	es)													
1. Name and Address of Reporting Person *- Khuong Chau Quang			2. Issuer Name and Ticker or Trading Symbol PIERIS PHARMACEUTICALS, INC. [PIRS]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner						
(Last) (First) (Middle) C/O PIERIS PHARMACEUTICALS, INC., LISE- MEITNER-STRASSE 30			DIG TIGE	3. Date of Earliest Transaction (Month/Day/Year) 07/15/2015						Officer (give title below) Other (specify below)					
(Street)			4	4. If Amendment, Date Original Filed(Month/Day/Year)					_X_1	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person					
FREISIN	G-WEIHE	ENSTEPHAN, 21	A 85354							F	form filed by	More than One	Reporting Person		
(Cit	y)	(State)	(Zip)		T	able I	- Non-Deriv	ative Secu	arities	Acquired,	, Disposed	l of, or Ben	eficially Own	ed	
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea					Code (Instr	(.	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		of (D) Owr Tran	ned Follownsaction(s)		ed C	wnership orm: of Be	Beneficial	
				(Month/I	Day/Year)	Co	ode V A		A) or (D)	Price	or Indirect (II		wnership nstr. 4)		
Reminder:							Person								74 (9-02)
Telimidei.							contair	ed in this splays a	is forn curre Benef	n are not ently valic ficially Ov	required d OMB co		nd unless th		, , () (2)
1. Title of	Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transac Code	tion of Deriv) Securi Acqui (A) of Dispo	rrants imber vative rities ired or osed) . 3, 4,	contain form d quired, Dispos, options, co 6. Date Exe Expiration 1	splays a sed of, or nvertible reisable an	is form curre r Benef securi	n are not ently valic ficially Ov	required d OMB co vned d f	8. Price of	nd unless th	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indirec Beneficia
1. Title of Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if	4. Transac Code	tion of Deriv) Secur Acqu (A) o Dispo of (D (Instr	rrants imber vative rities ired or osed) . 3, 4,	contain form d quired, Dispos, options, co 6. Date Exe Expiration 1	splays a sed of, or nvertible reisable an	is form	ficially Overties) 7. Title and Amount of Underlying Securities	required d OMB co vned d f	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indired Beneficia Ownersh

Reporting Owners

Donation Common Name / Address	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Khuong Chau Quang C/O PIERIS PHARMACEUTICALS, INC. LISE-MEITNER-STRASSE 30 FREISING-WEIHENSTEPHAN, 2M 85354	X	X				

Signatures

/s/ Marc D. Mantell, Attorney-in-fact	07/17/2015
**Signature of Reporting Person	Date

Explanation of Responses:

- * 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).
- (1) The Reporting Person is an employee of OrbiMed Advisors LLC ("Advisors") and is obligated to transfer any shares issued under equity grants made to him by the Issuer, or the economic benefits thereof, to Advisors for the ultimate benefit of OrbiMed Private Investments III, LP and OrbiMed Associates III, LP.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.