## FORM 4

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

OMB APPROVAL						
OMB Number:	3235-0287					
Estimated average burden						
hours per response 0.						

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	rs)																	
1. Name and Address of Reporting Person * DEPTULA-HICKS DARLENE M					2. Issuer Name and Ticker or Trading Symbol PIERIS PHARMACEUTICALS, INC. [PIRS]								5. F	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director X Officer (give title below) Other (specify below)  Sr. Vice President and CFO					
(Middle) C/O PIERIS PHARMACEUTICALS, INC., LISE- MEITNER-STRASSE 30				3. Date of Earliest Transaction (Month/Day/Year) 09/01/2015								X							
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)								_X_	6. Individual or Joint/Group Filing(Check Applicable Line)  X_Form filed by One Reporting Person  Form filed by More than One Reporting Person						
FREISING-WEIHENSTEPHAN, 2M 85354 (City) (State) (Zip)				Table I. Non Devivative Securities Account									uired, Disposed of, or Beneficially Owned						
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Yea				2A. Deemed Execution Date, i		d Date, if	3. Transaction Code (Instr. 8)		ction 4	I. Securities Acquain A. or Disposed Garanter 3, 4 and 5)  (A) or Amount (D)		quired of (D) Ow Tra	Amount of S	securities Beneficially ing Reported		6. Ownership Form:	Beneficial Ownership		
Kemmder.	Report on a s	separate line for eac			Derivati	ve S	ecuritie	s Acqu	uire	Person contair form di	s who ned in the splays	nis for a curr or Ben	rm are not rently valid eficially Ov	required d OMB co	of informa to respond ntrol numb	d unless th		1474 (9-02)	
1. Title of Derivative Security (Instr. 3)	Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if		4. 5 f Transaction E Code S (Instr. 8) A		5. Num Derivat Securit Acquire or Disp of (D)	5. Number of 6 Derivative E Securities (Acquired (A) or Disposed of (D) (Instr. 3, 4,		ptions, convertible 6. Date Exercisable Expiration Date (Month/Day/Year)		e and	7. Title an of Underly Securities (Instr. 3 ar	ying		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	Owners Form of Derivati Security Direct ( or Indire	Beneficia Ownersh (Instr. 4)	
					Code	V	(A)	(D)	E	ate xercisabl	Expira e Date	ntion	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4		
Common Stock	\$ 2.8	09/01/2015			A		450,00	00		(1)	09/01	/2025	Commor	450,000	\$ 0	450,000	D		
Repor	ting O	wners																	
D.							Rela	tionshi	ips										
Reporting Owner Name / Address Director			Director	r 10% Owner O		Office	Officer				Oth	er							
DEPTULA-HICKS DARLENE M C/O PIERIS PHARMACEUTICALS, INC. LISE-MEITNER-STRASSE 30 FREISING-WEIHENSTEPHAN, 2M 85354				Sr. Vice President and CFO															

## **Signatures**

/s/ Marc D. Mantell	09/03/2015				
**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).
- The option vested as to 6.25% of the shares on September 1, 2015 and vests as to the remaining 93.75% of the shares in equal installments on a quarterly basis beginning on December 31, 2015. The option is subject to certain restrictions on exercise until the Company's shareholders have approved an increase in the number of shares of common stock authorized under the Company's 2014 Employee, Director and Consultant Equity Plan (or successor plan) and if such shareholder approval is not obtained on or prior to September 30, 2016, the option will be cancelled and be of no further effect.

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

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.