FORM 4

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

OMB APPRO	√AL
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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	(3)												
1. Name and Address of Reporting Person - Richman Michael (Last) (First) (Middle) C/O PIERIS PHARMACEUTICALS, INC., 255 STATE STREET, 9TH FLOOR (Street)				PIERIS PHARMACEUTICALS, INC. [PIRS] 3. Date of Earliest Transaction (Month/Day/Year) 10/15/2015						Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director				
									_^					
									X					e)
BOSTON, MA 02109 (City) (State) (Zip)			(Zip)							ired, Disposed of, or Beneficially Owned				
				l										
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	any	n Date, if	Code (Instr	(A	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Owned Following Re Transaction(s)		ed C	ownership of orm:	. Nature f Indirect seneficial
				(Month/l	Day/Year)		ode V A	(A) or	Price	(Instr. 3 and 4)		or (I)	Indirect (Ir	vnership istr. 4)
Reminder:								ed in this for	m are no	required	l to respoi	nd unless th		74 (9-02)
1. Title of		3. Transaction	3A. Deemed	<i>e.g.</i> , puts	, calls, wa	rrants	contain form di quired, Dispo s, options, co 6. Date Exer	ed in this for splays a currence of, or Ben envertible securicisable and	ently vali rently vali reficially O rities)	t required d OMB co wned	to respondent on trol number of 8. Price of	nd unless that the state of the	e 10.	11. Natu
1. Title of	Conversion		3A. Deemed Execution Date, if	4. Transac Code	s, calls, wa tion of Deriv) Secur Acqu (A) c Dispo of (D (Instr	rrants imber vative rities prosed or osed	contain form di quired, Dispo s, options, co	ed in this for splays a curr sed of, or Ben nvertible secur cisable and pate	m are not rently vali eficially O rities)	t required d OMB co wned ad of	to respondent on trol number of 8. Price of	nd unless th	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natu of Indire Benefici Ownersh (Instr. 4)
1. Title of Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if	4. Transac Code	s, calls, wa 5. Nu tion of Deriv Secur Acqu (A) of Dispo of (D	rrants mmber vative rities nired or osed 0) 3, 4,	contain form di quired, Dispo s, options, co o o. Date Exer Expiration I (Month/Day	ed in this for splays a curr sed of, or Ben nvertible secur cisable and pate	rm are not rently valideficially Orities) 7. Title are Amount of Underlying Securities	t required d OMB co wned ad of	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natu of Indire Benefici Ownersh (Instr. 4)

Reporting Owners

Reporting Owner Name / Address	Relationships					
reporting 6 wher reame / rearess	Director	10% Owner	Officer	Other		
Richman Michael C/O PIERIS PHARMACEUTICALS, INC. 255 STATE STREET, 9TH FLOOR BOSTON, MA 02109	X					

Signatures

/s/ Caroline G. Gammill, Attorney-in-fact	10/30/2015
**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).

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

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.