FORM 4

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

OMB APPROVAL					
OMB Number: 3235-0287					
stimated average burden					
ours per response	0.5				

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)														
Name and Address of Reporting Person Yoder Stephen S.			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 10% Owner					
(Last) (First) (Middle) C/O PIERIS PHARMACEUTICALS, INC., 255 STATE STREET, 9TH FLOOR			3. Date of Earliest Transaction (Month/Day/Year) 02/12/2016							X Officer (give title below) Other (specify below) President and CEO						
(Street) BOSTON, MA 02109			4. If Amendment, Date Original Filed(Month/Day/Year)							6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person _Form filed by More than One Reporting Person						
(Cit	y)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, o						of, or Bene	, or Beneficially Owned					
1.Title of S (Instr. 3)	Security		2. Transaction Date (Month/Day/Year)		on E	Date, if Control (In			(A) (In	Securities Acqu) or Disposed of (astr. 3, 4 and 5)	of (D) Ov Tra	Amount of S vned Follow ansaction(s) str. 3 and 4)		I C F C o	orm: birect (D) r Indirect	Beneficial Ownership
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number. Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																
1. Title of Derivative Security (Instr. 3)	Conversion	3. Transaction Date (Month/Day/Year)		Code	tion)	5. Numbe Derivative Securities Acquired or Dispose of (D) (Instr. 3, 4 and 5)	ber of 6. Date Expire es (Mont ossed , 4, Date		Expiration Date (Month/Day/Year)		7. Title and Amour of Underlying Securities (Instr. 3 and 4) Amour or Number			9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownership Form of Derivative Security: Direct (D) or Indirect	
				Code	V	(A)	(D)	EXCICIS	sauic	Date		of Shares				
Stock Option (right to buy)	\$ 1.52	02/12/2016		A		492,000		<u>(1</u>)	02/12/2026	Commo Stock	n 492,000	\$ 0	492,000	D	

Reporting Owners

Donostino Como o None / Address	Relationships							
Reporting Owner Name / Address		10% Owner	Officer	Other				
Yoder Stephen S. C/O PIERIS PHARMACEUTICALS, INC. 255 STATE STREET, 9TH FLOOR BOSTON, MA 02109	X		President and CEO					

Signatures

/s/ Marc D. Mantell, Attorney-in-fact	02/17/2016
**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 option vests as to 25% of the option shares on February 12, 2017 and vests as to an additional 6.25% of the option shares at the end of each successive three-month period thereafter until February 12, 2020.

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.