FORM	4
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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).

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

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### 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 Type Response	es)											
1. Name and Address of Reporting Person – Richman Michael			2. Issuer Name <b>an</b> PIERIS PHARM			0.5		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) 02/16/2016							ther (specify belo	ow)	
(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			
(Citr) (Stata) (Zir)					1-Der	ivative S	ecurities	Acqu	l lired, Disposed of, or Beneficially Ov	vned		
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	Execution Date, if	3. Transact Code (Instr. 8)		(A) or Disposed of (D)		of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	Ownership	7. Nature of Indirect Beneficial	
			(Month/Day/Year)	Code	v	Amount	(A) or (D)	Price	(Instr. 3 and 4)	Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information SEC 1474 (9-02) 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	2.	3. Transaction	3A. Deemed	4.		5. Numb	. Number 6. Date Exercisable an		rcisable and	7. Title and		8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transac	tion	of			Amount of Der		Derivative	Derivative	Ownership	of Indirect	
Security	or Exercise	(Month/Day/Year)	any	Code		Derivati	ve	(Month/Day	/Year)	Underlying S		Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8	)	Securitie	rities		Securities (In		(Instr. 5)	Beneficially	Derivative	Ownership	
	Derivative					Acquire	d			(Instr. 3 and 4)				2	(Instr. 4)
	Security					(A) or							0	Direct (D)	
						Dispose	d of					1	or Indirect		
						(D) (Instr. 3.	4					Transaction(s) (Instr. 4)	(1) (Instr. 4)		
						(1130.5) and 5)	, 4,				(111501. 4)	(11150.4)			
					-	and 5)	1								
											Amount				
								Date	Expiration	Title	or Number				
								Exercisable	Date		of				
				Code	v	(A)	(D)				Shares				
Stock Option (right to	\$ 1.59	02/16/2016		A		20,000		<u>(1)</u>	02/16/2026	Common Stock		\$ 0	20,000	D	
(right to buy)						,				Stock					

## **Reporting Owners**

Reporting Owner Name / Address		Relationships							
	Director	10% Owner	Officer	Other					
Richman Michael									
C/O PIERIS PHARMACEUTICALS, IN	C. X								
255 STATE STREET, 9TH FLOOR	л								
BOSTON, MA 02109									

### Signatures

/s/ Marc D. Mantell, Attorney-in-fact	02/18/2016
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 stock option will vest in four equal installments on each of March 31, June 30, September 30, and December 31, 2016.

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.