FORM	4
------	---

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

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

(This of Type Responses)												
1. Name and Address Richman Michael	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) C/O PIERIS PHAR STATE STREET, 9		a DIG AFF	3. Date of Earliest Transaction (Month/Day/Year) 04/27/2016						Officer (give title below) Other (specify below)			
(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			
(City)	(Zip)	T	able I - Noi	n-Der	ivative S	ecurities	Acqu	ired, Disposed of, or Beneficially Ov	vned			
1.Title of Security		2. Transaction	2A. Deemed	3. Transac		1			5. Amount of Securities Beneficially		7. Nature	
(Instr. 3)		Date	Execution Date, if	Code		(A) or Disposed of (D)			Owned Following Reported	Ownership	of Indirect	
		(Month/Day/Year)	any	(Instr. 8)		(Instr. 3, 4 and 5)			Transaction(s)	Form:	Beneficial	
			(Month/Day/Year)						(Instr. 3 and 4)	Direct (D)	Ownership	
										or Indirect	(Instr. 4)	
							(A) or			(I)		
				Code	V	Amount	(D)	Price		(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. Number 6. Da		6. Date Exerc	6. Date Exercisable and		7. Title and		9. Number of	10.	11. Nature	
Derivative	Conversion	Date	Execution Date, if	Transact	ction of Expira		Expiration Da	Expiration Date		Amount of		Derivative	Ownership	of Indirect	
Security	or Exercise	(Month/Day/Year)		Code				Underlying		Security	Securities	Form of	Beneficial		
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8))	Securit	ies	ies				(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					Acquir	ed			(Instr. 3 and 4)				2	(Instr. 4)
	Security					(A) or						0	Direct (D)		
						Dispos	ed					or Indirect			
						of (D)	7 4				Transaction(s)				
						(Instr. 3 and 5)	5, 4,				(Instr. 4)	(Instr. 4)			
						and 5)	1		1						
											Amount				
								Date	Expiration		or Number				
								Exercisable	Date		of				
				Code	v	(A)	(D)				Shares				
Stock															
Option	\$ 2.05	04/27/2016		А		7,679		04/27/2016	04/27/2016	Common	7,679	\$ 0	7,679	D	
(right to	φ 2.05	01/2//2010				1,017		0 1/2 //2010	0 1/2//2010	Stock	,,,,,,,	ΨŪ	,,015	D	
buy)															

Reporting Owners

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

Signatures

/s/ Marc D. Mantell, Attorney-in-fact	04/29/2016
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).

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.