FORM 4	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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02)

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 Matis Louis	2. Issuer Name a PIERIS PHARM			0.		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(Last) C/O PIERIS PHAR STATE STREET, 9		· · · · · · · · · · · · · · · · · · ·	3. Date of Earliest Transaction (Month/Day/Year) 06/13/2016						X Officer (give title below) Other (specify below) SVP, Chief Development Officer			
BOSTON, MA 021	4. If Amendment,	Date Origii	nal F	iled(Month	/Day/Yea	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)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									
1.Title of Security (Instr. 3)			2A. Deemed Execution Date, if any (Month/Day/Year)		tion	(A) or Disposed of (D)		f of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect	Beneficial Ownership	
				Code	v	Amount	or (D)	Price		(I) (Instr. 4)		
Common Stock		06/13/2016		Р		2,085	А	\$ 1.68	2,085	D		
Common Stock		06/14/2016		Р		7,915	А	\$ 1.71 <u>(1)</u>	10,000	D		

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 (9contained 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

	(<i>e.g.</i> , puts, calls, warrants, options, convertible securities)														
1. Title of	2.	3. Transaction	3A. Deemed	4.	5.	Num	ıber	6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transaction	n of	•		and Expirati	on Date	Amo	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	D	erivat	tive	(Month/Day	/Year)	Unde	rlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Se	ecurit	ies			Secu	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative				A	cquir	ed			(Instr	: 3 and		Owned	Security:	(Instr. 4)
	Security				(A	() or				4)			Following	Direct (D)	
					Di	ispos	ed						Reported	or Indirect	
					of	(D)							Transaction(s)	(I)	
					· ·	nstr. 3							(Instr. 4)	(Instr. 4)	
					4,	and t	5)								
											Amount				
								Date	Expiration		or				
								Exercisable	Expiration Date	Title	Number				
								Excicisable	Date		of				
				Code V	' (A	A) (D)				Shares				

Reporting Owners

Describer Operation Name (Address	Relationships								
Reporting Owner Name / Address	Director	10% Owner	Officer	Other					
Matis Louis C/O PIERIS PHARMACEUTICALS, INC. 255 STATE STREET, 9TH FLOOR BOSTON, MA 02109			SVP, Chief Development Officer						

Signatures

/s/ Marc D. Mantell, Attorney-in-fact 06/15/2016

Date

Explanation of Responses:

**Signature of Reporting Person

* 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 price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$1.67 to \$1.72, inclusive. The

(1) Reporting Person undertakes to provide the Issuer, any security holder of the Issuer or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the ranges sent forth in this footnote.

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.