## FORM 4

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

OMB APPRO	VAL
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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	C3)												
1. Name and Address of Reporting Person *- 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) (First) (Middle) C/O PIERIS PHARMACEUTICALS, INC., 255 STATE STREET, 9TH FLOOR			DIG OFF	3. Date of Earliest Transaction (Month/Day/Year) 07/25/2016					_^		re title below)		er (specify below)	
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)					_X_	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person					
BOSTON, MA 02109 (City) (State) (Zip)			Table I. Non Desirective Securities Ages						ired, Disposed of, or Beneficially Owned					
1.Title of Security 2. Transaction Date			2A. Deemed Execution Date,		3. Tra Code (Instr	4. Securities Acq (A) or Disposed		uired 5. Amount of (D) Owned Follo		f Securities Beneficially owing Reported s)		6. Ownership Form:	eneficial wnership	
						Co	ode V A	(A) or (D)	Price				I) Instr. 4)	
Reminder:							contain	s who respor ed in this for splays a curr	m are no	required	l to respo	nd unless th		74 (9-02)
1. Title of Derivative	Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transac Code	5. Notion of Deriv Secu Acqu (A) C	rrants imber vative rities ired or osed	contain form dis quired, Dispo s, options, con 6. Date Exer Expiration D	ed in this for splays a curr sed of, or Ben exertible secur cisable and late	m are not ently vali eficially O	required d OMB co wned ad of	to respondent of number of the second of the	9. Number o Derivative Securities Beneficially Owned Following Reported	f 10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur
1. Title of Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if	4. Transac Code	5. Nution of Deriv ) Secu Acqu (A) c Disp of (E	rrants umber vative rities prosed or osed	contain form dis quired, Dispo s, options, con 6. Date Exer Expiration D	ed in this for splays a curr sed of, or Ben exertible secur cisable and late	eficially Orities) 7. Title ar Amount of Underlyin Securities	required d OMB co wned ad of	8. Price of Derivative Security	9. Number o Derivative Securities Beneficially Owned Following	f 10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indirec Beneficia Ownersh
1. Title of Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if	4. Transac Code	tion of Deriv ) Secu Acqu (A) c Disp of (E (Insti	rrants mmber vative rities nired or osed 0) 3, 4,	contain form dis quired, Dispo s, options, con 6. Date Exer Expiration D	ed in this for splays a curr sed of, or Ben exertible secur cisable and late	eficially Orities) 7. Title ar Amount of Underlyin Securities	required d OMB co wned ad of	8. Price of Derivative Security (Instr. 5)	9. Number o Derivative Securities Beneficially Owned Following Reported Transaction(	f 10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indired Beneficia Ownersh

#### **Reporting Owners**

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

## **Signatures**

/s/ Marc D. Mantell, Attorney-in-fact	08/01/2016
**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).

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

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.