FORM 4

Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See*

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

OMB APPROVAL
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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 Ty	pe Response	es)												
1. Name and Address of Reporting Person *- Khuong Chau Quang				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 X 10% Owner				
(Last) (First) (Middle) C/O PIERIS PHARMACEUTICALS, INC., 255 STATE STREET, 9TH FLOOR				3. Date of Earliest Transaction (Month/Day/Year) 07/25/2016							ve title below)		(specify below)	
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)					_X_1	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)			(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned							ed			
1.Title of S (Instr. 3)	Security		2. Transaction Date (Month/Day/Year)	any	ned n Date, if Day/Year)		(A (Ir	Securities Acq) or Disposed (lastr. 3, 4 and 5) (A) or mount (D)	of (D) Own Tran		ving Report)	Fo D or (T)	wnership orm: Be irect (D) Ov Indirect (In	eneficial wnership
							containe form dis juired, Dispos	splays a curr sed of, or Bend	m are not ently valid	required d OMB co	l to respoi	nd unless the	SEC 147	74 (9-02)
1. Title of Derivative Security (Instr. 3)	Conversion		ate Execution Date, if Transaction of Expiration Date (Month/Day/Year) (Code Derivative (Month/Day/Year) (Instr. 8) Securities		7. Title and Amount of Underlying Securities	7. Title and Amount of Underlying Security (Instr. 3 and 4) 8. Price of Derivative Security (Instr. 5) 9. Nur Derivative Derivative Security (Instr. 5)			10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	Beneficia				
				Code	V (A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Stock									Common					

Reporting Owners

Reporting Owner Name / Address	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Khuong Chau Quang C/O PIERIS PHARMACEUTICALS, INC. 255 STATE STREET, 9TH FLOOR BOSTON, MA 02109	X	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).
- (1) The Reporting Person is an employee of OrbiMed Advisors LLC ("Advisors") and is obligated to transfer any shares issued under equity grants made to him by the Issuer, or the economic benefits thereof, to Advisors for the ultimate benefit of OrbiMed Private Investments III, LP and OrbiMed Associates III, LP.

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.