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	es)												
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				3. Date of Earliest Transaction (Month/Day/Year) 10/25/2016							re title below)		r (specify below)	
(Street) BOSTON, MA 02109				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				
(City) (State) (Zip)			(Zip)	Table I - Non-Derivative Securities Acqu					s Acquired	lired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	Executio any	ecution Date, if		(A	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Transaction(s)		ded O	Ownership Form:	eneficial
				(Month/I	Day/Year)	Co	de V Ai	(A) or (D)	Price	oi (I		Direct (D) Ownership or Indirect (Instr. 4) I) Instr. 4)		
Reminder:							contain	s who respo ed in this fo	m are no	t required	l to respoi	nd unless th		74 (9-02)
Reminder:							contain		m are no	t required	l to respoi	nd unless th		74 (9-02)
1. Title of	Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transac Code	5. Nution of Deriv Secur Acqu (A) c	rrants imber vative rities ired or osed	contain form dis juired, Dispo	ed in this for splays a currence sed of, or Ben exertible securisable and late	m are not ently vali eficially O	t required d OMB co wned and of	8. Price of Derivative Security (Instr. 5)	nd unless th	e	11. Natur of Indirec Beneficia
1. Title of Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if	4. Transac Code	s, calls, wa 5. Nu tion of Deriv Secur Acqu (A) of Dispo of (D	rrants umber vative rities prosed or osed 0)3, 4,	contain form dis uired, Dispo , options, con 6. Date Exer- Expiration D	ed in this for splays a currence sed of, or Ben exertible securisable and late	rm are not rently valideficially Orities) 7. Title are Amount of Underlying Securities	t required d OMB co wned and of	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following	To. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indired Beneficia Ownersh
1. Title of Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if	4. Transac Code	s, calls, wa tion of Deriv) Secur Acqu (A) c Dispo of (D (Instr	rrants umber vative rities uired or osed 0)3, 4,	contain form dis uired, Dispo , options, con 6. Date Exer- Expiration D	ed in this for splays a currence sed of, or Ben exertible securisable and late	rm are not rently valideficially Orities) 7. Title are Amount of Underlying Securities	t required d OMB co wned and of	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	To Downership Form of Derivative Security: Direct (D) or Indirect (D) (I)	11. Natu of Indire Benefici Ownersh

Reporting Owners

Reporting Owner Name / Address	Relationships					
Reporting Owner Name / Namess	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	10/27/2016
**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.