FORM	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

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

(Thin of Type Response	,								r			
1. Name and Address of Khuong Chau Quan	2. Issuer Name and PIERIS PHARM			•••		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner						
(Last)	(First)		3. Date of Earliest Transaction (Month/Day/Year)						Officer (give title below)O	ther (specify belo	ow)	
C/O PIERIS PHAR	S, INC., 255	10/25/2016										
STATE STREET, 9												
		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			
BOSTON, MA 02109									Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, I						ired, Disposed of, or Beneficially Ow	ned		
1.Title of Security		2. Transaction	2A. Deemed 3. Transaction 4. Securities Acquired						5. Amount of Securities Beneficially	6.	7. Nature	
(Instr. 3)		Date	Execution Date, if Code (A) or Disposed of (D)						Owned Following Reported	Ownership	of Indirect	
		(Month/Day/Year)	r) 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.
 SEC 1474 (9-02)

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. Date Exercisable and		7. Title and		8. Price of	9. Number of	10.	11. Nature	
	Conversion		Execution Date, if			on of						Derivative		Ownership	
		(Month/Day/Year)		Code						-			Beneficial		
· · · · · ·	Price of		(Month/Day/Year)	(Instr. 8))						· /	-	Derivative	1	
	Derivative					Acquire	t	(Instr. 3 and 4)			Owned		(Instr. 4)		
	Security					(A) or Disposed	1 of				Following Reported	Direct (D) or Indirect			
						(D)	101						Transaction(s)		
						(Instr. 3,	4.						(Instr. 4)	(Instr. 4)	
						and 5)	ĺ						· · · · ·	. ,	
											Amount				
								Date	Expiration		or				
									Date		Number				
				~ .			-		Dute		of				
				Code	V	(A)	(D)				Shares				
Stock															
Option	01(1	10/05/2016				10.070		10/25/2016	10/25/2026	Common Stock	10.070	¢ 0	10.270	D	
(right to	\$ 1.64	10/25/2016		A		10,279		10/25/2016	10/25/2026	Stock	10,279	\$ 0	10,279	D	
buy) (1)															
ouy)															

Reporting Owners

Reporting Owner Name / Address	Relationships						
Reporting Owner Maine / Address	Director	10% Owner	Officer	Other			
Khuong Chau Quang C/O PIERIS PHARMACEUTICALS, INC. 255 STATE STREET, 9TH FLOOR BOSTON, MA 02109	Х	Х					

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).
- (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.