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

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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

(Thit of Type Respons	(3)											
1. Name and Address Khuong Chau Quar	2. Issuer Name an PIERIS PHARM			0.2		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner						
(Last) C/O PIERIS PHAR STATE STREET, 9		a Dia Are	3. Date of Earliest Transaction (Month/Day/Year) 01/25/2017						Officer (give title below) Other (specify below)			
BOSTON, MA 021		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 Form filed by More than One Reporting Person				
(City)	(State)	(Zip)	Т	able I - Nor	n-Dei	rivative S	ecurities	s Acqu	ired, Disposed of, or Beneficially Ow	ned		
1.Title of Security		2. Transaction	2A. Deemed	3. Transact	ansaction 4. Securities Acquired				5. Amount of Securities Beneficially	6.	7. Nature	
(Instr. 3)		Date	Execution Date, if	n Date, if Code (A) or Disposed of (D)				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)														
Security (Instr. 3)	Conversion		3A. Deemed Execution Date, if any (Month/Day/Year)	Code	tion)	5. Numb of Derivati Securitie Acquired (A) or Disposed (D) (Instr. 3, and 5)	ve es d d of	6. Date Exercisable and Expiration Date (Month/Day/Year)		le and 7. Title and Amount of Underlying		Derivative Security (Instr. 5)	Securities Beneficially Owned Following	Ownership Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)		Exercisable	Expiration Date	Title	Amount or Number of Shares				
Stock Option (right to buy) (1)	\$ 2.01	01/25/2017		А		10,313 (2)		01/25/2017	01/25/2027	Common Stock	10,313	\$ 0	10,313	D	
Stock Option (right to buy)	\$ 2.01	01/25/2017		А		20,000		<u>(3)</u>	01/25/2027	Common Stock	20,000	\$ 0	20,000	D	

Reporting Owners

	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	х	Х					

Signatures

/s/ Marc D. Mantell, Attorney-in-fact	01/30/2017
	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.
- (2) The option award was issued to the Reporting Person, who elected to take shares in lieu of cash compensation for services as a director and committee member, pursuant to the Issuer's non-employee director compensation plan.

(3) The stock option will vest in four equal installments on each of March 31, June 30, September 30, and December 31, 2017.

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.