## FORM 4

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

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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 - Richman Michael				2. Issuer Name and Ticker or Trading Symbol							5. F	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) (First) (Middle) C/O PIERIS PHARMACEUTICALS, INC., 255				PIERIS PHARMACEUTICALS, INC. [PIRS] 3. Date of Earliest Transaction (Month/Day/Year) 01/25/2017						x	Director Officer (giv	e title below)		6 Owner er (specify below	v)	
STATE STREET, 9TH FLOOR (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				
BOSTON, MA 02109											Form filed by More than One Reporting Person					
(City) (State) (Zip)				Table I - Non-Derivative Securities Acqui						Acquired	ired, Disposed of, or Beneficially Owned					
(Instr. 3) Date			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, i r) (Month/Day/Year		ate, if		nsaction 8)	(A) or Disposed of (D) (Instr. 3, 4 and 5)		f (D) Own Trai	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			Ownership Form:	. Nature of Indirect Beneficial Ownership
			i ear)			Coo	de V	Am	ount (D)	Price	u. 3 and 4,	,			(Instr. 4)	
Pamin da	Donort on -	aanarata lina fan	h along of accounts	honofic	olly.	umc4 1	iro	v on in di-	otly.	,						
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.  Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																
Security (Instr. 3)	Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. 5. N Transaction of Code Deri (Instr. 8) Sect Acq (A) Disp (D) (Instr. 8) Instruction		5. Numl of Derivati Securiti Acquire (A) or Dispose	umber 6. D Exp (wative urities uired or posed of tr. 3, 4,		Date Exercisable and piration Date onth/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)			9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownersh Form of Derivativ Security: Direct (Dor Indirect)	o) ct
				Code	v	(A)	(D)	Date Exercisal	ole	Expiration Date	Title	Amount or Number of Shares				
Stock Option (right to buy)	\$ 2.01	01/25/2017		A		9,687 (1)		01/25/2	017	01/25/2027	Commo Stock	n 9,687	\$ 0	9,687	D	
Stock Option (right to buy)	\$ 2.01	01/25/2017		A		20,000		<u>(2)</u>		01/25/2027	Commo Stock	n 20,000	\$ 0	20,000	D	
Repor	ting O	wners														

D (1 0 N (41)	Relationships					
Reporting Owner Name / Address	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	01/30/2017		
-*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 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.
- (2) 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.