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 *- BIZZARI JEAN-PIERRE				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) 01/25/2017				-		e title below)		r (specify below)			
(Street)				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					
BOSTON, MA 02109 (City) (State) (Zip)				Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned											
1.Title of S (Instr. 3)	Security		2. Transaction Date (Month/Day/Year)	2A. Deen Execution any (Month/E	n Date,	if Co (In		(A (Ir	Securities Acc) or Disposed istr. 3, 4 and 5 (A) or nount (D)	of (D) C	5. Amount of Dwned Follow Fransaction(s) Instr. 3 and 4	ving Report	F C O	ownership of orm:	neficial vnership
								contain form dis	s who respo ed in this for splays a cur sed of, or Ben evertible secu	rm are r rently va reficially	not required alid OMB co	l to respo	nd unless th		74 (9-02)
1. Title of Derivative Security (Instr. 3)	Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code	of De Se Ac (A Di (D (Ir	Numb erivative curitie equired) or ssposed) astr. 3, d 5)	ve es di	Expiration Date (Month/Day/Year) of		ion Date Amount of Underlying Securities		ount of Derivative Security rities (Instr. 5) Ber Ow Fold Rep		ve Ownership of Form of Derivative Security: Direct (D) of Indirect ion(s)	11. Natur of Indirec Beneficia Ownershi (Instr. 4)
								Date	Expiration		Amount				
				Code	V	(A)	(D)	Exercisable		Title	Number of Shares				

Reporting Owners

Reporting Owner Name / Address	Relationships					
reporting 6 where realized	Director	10% Owner	Officer	Other		
BIZZARI JEAN-PIERRE 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 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.