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						
	houre per reenonce	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

(Print or Ty	pe Response	es)													
1. Name and Address of Reporting Person * Matis Louis				2. Issuer Name and Ticker or Trading Symbol PIERIS PHARMACEUTICALS, INC. [PIRS]					5.	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) (Middle) C/O PIERIS PHARMACEUTICALS, INC., 255 STATE STREET, 9TH FLOOR				3. Date of Earliest Transaction (Month/Day/Year) 02/23/2017						X Officer (give title below) Other (specify below) See Remarks					
(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 - Nan-Derivative Securities Acqui						s Acquire	ired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year		2A. Deemed 3. Tran Execution Date, if Code			asaction 4. (A			Securities Beneficially wing Reported		6. 7. Ownership of Form: Be Direct (D)	Nature Indirect meficial vnership astr. 4)				
Reminder:	Report on a	separate line for eac						Persons contain form dis	s who responed in this for splays a curr	m are no ently vali	t required d OMB co	to respon	d unless th	SEC 147	74 (9-02)
1. Title of Derivative Security (Instr. 3)	Title of 2. 3. Transaction 3A. Deemed 4. Execution Date, if Transacturity or Exercise (Month/Day/Year) any Code		g., puts, calls, warrants, op l. 5. Number of 6 Fransaction Derivative Securities (1)			options, convertible securities)			nd Amount ying		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	Ownership Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	v		(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4)	
Stock option (Right to buy)	\$ 1.99	02/23/2017		A		145,000		(1)	02/23/2027	Commo Stock	n 145,000	\$ 0	145,000	D	
Repor	ting O	wners													
				Re	elati	onships									
Re	porting Own	ner Name / Addres	s			1									

Donostino Como None / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Matis Louis C/O PIERIS PHARMACEUTICALS, INC. 255 STATE STREET, 9TH FLOOR BOSTON, MA 02109			See Remarks				

Signatures

/s/ Marc D. Mantell, Attorney-in-fact	03/06/2017
**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 vests as to 25% of the option shares on January 1, 2018 and vests as to an additional 6.25% of the option shares at the end of each successive three-month period thereafter.

Remarks:

SVP, Chief Development Officer

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.