# FORM 4

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL					
MB Number:	3235-0287				
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ours per response	e 0.5				

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

#### 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)														
Name and Address of Reporting Person   Yoder Stephen S.			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) 02/23/2016							X Officer (give title below) Other (specify below)  Chief Executive Officer					
(Street) BOSTON, MA 02109				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 _Form filed by More than One Reporting Person					
(Cit	y)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed						, Disposed	of, or Bene	ficially Owne	d			
1.Title of S (Instr. 3)	Security		2. Transaction Date (Month/Day/Year)		on I	Date, if Co (In		8) (	(A) o	r Disposed of 3, 4 and 5)  (A) or unt (D)	of (D) Own Tran		ecurities Being Reported	d OFO	wnership of orm: Be irect (D) Indirect (Ir	eneficial wnership
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.  Persons who respond to the collection of information 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)																
		ivative	3A. Deemed Execution Date, if ) any (Month/Day/Year)	Transaction Code (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)		te 'ear)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security (Instr. 5)	Securities Beneficially Owned Following Reported Transaction(s	Security: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercisab		xpiration Pate	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4)	
Stock Option (Right to buy)	\$ 1.99	02/23/2017		A		434,350		<u>(1)</u>	0	2/23/2027	Common Stock	434,350	\$ 0	434,350	D	
												-	-			

## **Reporting Owners**

Donostino Como a Norra / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Yoder Stephen S. C/O PIERIS PHARMACEUTICALS, INC. 255 STATE STREET, 9TH FLOOR BOSTON, MA 02109	X		Chief Executive Officer				

## **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.

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.