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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden 0.5 hours per response ...

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 Type Responses)												
1. Name and Address of Reporting P KIRITSY CHRISTOPHER P	2. Issuer Name an PIERIS PHARM			0.2		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(Last) (First) C/O PIERIS PHARMACEUTIO STATE STREET, 9TH FLOOP	CALS, INC., 255	3. Date of Earliest T 04/21/2017	ransaction	(Mon	th/Day/Y	ear)		Officer (give title below) Other (specify below)				
(Street) BOSTON, MA 02109	4. If Amendment, D	ate Origina	l File	d(Month/Da	y/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)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution Date, if	(Instr. 8)		4. Securi (A) or D (Instr. 3,	isposed 4 and 5 (A) or	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	or Indirect (I)	Beneficial Ownership		
Common Stock	04/21/2017		Code M	V	Amount 5,000	. ,	Price \$ 1.59	5,000	(Instr. 4) D			

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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SEC 1474 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

	(<i>e.g.</i> , puts, calls, warrants, options, convertible securities)														
1. Title of	2.	3. Transaction	3A. Deemed	4. 5. N		5. Number		6. Date Exercisable and		7. Title and		8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transaction of		Expiration Date		Amount of		Derivative	Derivative	Ownership	of Indirect		
Security	or Exercise	(Month/Day/Year)	any	Code Derivative		(Month/Day/Year)		Underlying		Security	Securities	Form of	Beneficial		
(Instr. 3)	Price of		(Month/Day/Year)	· /				Securities		(Instr. 5)	Beneficially	Derivative	Ownership		
	Derivative			Acquired				(Instr. 3 and 4)			Owned	Security:	(Instr. 4)		
	Security				(A) or					Following	Direct (D)				
					Disposed						1	or Indirect			
					of (D)							Transaction(s)	< / <		
				(Instr. 3, 4,							(Instr. 4)	(Instr. 4)			
				and 5)				-							
											Amount				
								Date	Expiration		or				
								Exercisable			Number				
				C 1	* 7						of				
				Code	V	(A)	(D)				Shares				
Stock															
Option	¢ 1.50	04/21/2017					- 000	(1)	00/00/0000	Common Stock	20.000	^ ^	25.000	D	
(right to	\$ 1.59	04/21/2017		М			5,000	<u>(1)</u>	09/20/2026	Stock	30,000	\$ 0	25,000	D	
buy)										21001					
ouj)															

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
KIRITSY CHRISTOPHER P C/O PIERIS PHARMACEUTICALS, INC. 255 STATE STREET, 9TH FLOOR BOSTON, MA 02109	Х						

Signatures

/s/ Marc D. Mantell, Attorney-in-fact 05/09/2017 Date **Signature of Reporting Person

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 vests in four equal quarterly installments on each of September 30, 2016, December 31, 2016, March 31, 2017 and June 30, 2017, subject to the Reporting Person's continued service as a director.

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.