|--|

(Print or Type Responses)

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 hours per response... 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

1. Name and Address of Reine Allan	2. Issuer Name and Ticker or Trading Symbol PIERIS PHARMACEUTICALS, INC. [PIRS]						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) 08/09/2017						X Officer (give title below) Conter (specify below) See Remarks		
(Street) BOSTON, MA 02109			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			
(City) (State) (Zip)			Т	able I - Nor	1-Der	rivative S	ecurities	s Acqu	ired, Disposed of, or Beneficially Ow	ned	
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	(Instr. 8)		4. Securi (A) or Di (Instr. 3, Amount	(A) or	of (D)	Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership

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

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)														
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Numbe	r of	6. Date Exe	rcisable and	7. Title and	Amount	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transact	tion	Derivative	•	Expiration I	Date	of Underlyi	ng	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		Securities	ecurities (Month/Day/Year)		Securities Security		Security	Securities	Form of	Beneficial	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8))	Acquired	ired (A) (Ins		(Instr. 3 and 4) (Instr. 5)		Beneficially	Derivative	Ownership		
	Derivative					or Dispos	ed		î la c			Owned	Security:	(Instr. 4)	
	Security					of (D)						Following	Direct (D)		
						(Instr. 3, 4	ŀ,						Reported	or Indirect	
						and 5)							Transaction(s)	< / </td <td></td>	
											Amount		(Instr. 4)	(Instr. 4)	
								Date	Expiration	T:41-	or				
								Exercisable	Date	Title	Number				
				Code	V	(A)	(D)				of Shares				
Common	\$ 5	08/09/2017		А		450,000		(1)	08/09/2027	Common	450,000	\$ 0	450,000	D	
Stock						,				Stock			,		

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Reine Allan C/O PIERIS PHARMACEUTICALS, INC. 255 STATE STREET 9TH FLOOR BOSTON, MA 02109			See Remarks				

Signatures

/s/ Caroline G. Gammill, Attorney-in-fact	08/11/2017
***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 August 9, 2018 and vests as to an additional 6.25% of the option shares at the end of each successive three-month period thereafter until August 9, 2021.

Remarks:

SVP and Chief Financial 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.