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

OMB APPRO	OVAL
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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

1. Name and Address of Reporting Person * 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)					
(Last) (First) (Middle) C/O PIERIS PHARMACEUTICALS, INC., 255 STATE STREET, 9TH FLOOR				3. Date of Earliest Transaction (Month/Day/Year) 08/16/2017							Director 10% Owner  X Officer (give title below) Other (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)		Tab	ole I - Non-	Deri	vative S	ecurities	Acquir	ed, Dispo	osed of, or l	Beneficially (	Owned	
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr. 8)		4. Securities Acqui (A) or Disposed of (Instr. 3, 4 and 5)		of (D)	Beneficia	ant of Securities ally Owned Following d Transaction(s) and 4)		6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership	
					Code	V	Amount	·	Price	(man z and 1)				(Instr. 4)	
Common	Stock		08/16/2017			P		45,000	A	\$ 4.79 <u>1)</u>	45,000		-	D	
Common	Stock		08/17/2017			P		20,000	)   A	\$ 4.89	65,000			D	
Reminder: I	Report on a	separate line fo	or each class of secu	ırities ben	eficially o	wned direc	ctly o	r							
							cont	ained ir	n this fo	rm are	not req	uired to re	formation spond unle itrol numbe	ess	EC 1474 (9- 02)
			Table II - D			es Acquire rrants, op		•			ly Owned	l			
Security	Conversion	3. Transaction Date version Date (Month/Day/Year)  of vative  3. Transaction Date Execution Date, if Code (Month/Day/Year)  (Month/Day/Year)  3. Transaction Execution Date, if Code (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)  3. Number of Date Exercisable and Expiration Date Derivative Securities Acquired		Amo Unde Secu	tle and unt of erlying rities r. 3 and		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownership Form of Derivative Security: Direct (D) or Indirect	(Instr. 4)						
				C	ode V	(A) (D)	Date	e rcisable	Expiration Date	Title	Amount or Number of Shares				
Repor	ting O	wners													·

Donation Ones Name / Address	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	08/17/2017
**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). The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$4.69 to \$4.90, inclusive. The

(1) Reporting Person undertakes to provide the Issuer, any security holder of the Issuer or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the ranges sent forth in this footnote.

### 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.