# FORM 4

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

OMB APPROVAL
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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).

#### 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 * GERAGHTY JAMES A				2. Issuer Name <b>and</b> 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) 08/17/2017								er (give title belo	ow)		(specify belo	ow)		
(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 - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned														
1.Title of Security (Instr. 3)		I	2. Transaction Date (Month/Day/Year)	Exect any	Deemed ecution Date, if	if (	3. Transa Code (Instr. 8)		4. Securities Acq (A) or Disposed of		uired of (D)	5. Amour Beneficia Reported	nount of Securities icially Owned Following ted Transaction(s)		6. Owi	nership o m: B	Beneficial	
				(Mon	nth/Day/Yea	ar)	Co	de	V	Amoun	(A) or (D)	or		and 4)	or (I)			wnership nstr. 4)
Common	Stock	(	08/17/2017				F	)		10,000		3 4.82 <u>1)</u>	10,000			D		
Reminder: indirectly.	Report on a	separate line for	r each class of secu	ırities	beneficially	y ow	vned		Pers	ons wh				ection of ir				C 1474 (9- 02)
			Table II - I		itive Securi			uire	the f	orm dis	splays a of, or Ben	curre eficia	ently valid	d OMB cor				02)
Security	Conversion	3. Transaction Date (Month/Day/Yea	Execution Da Year) any	4. Transaction Code Year) (Instr. 8)		n of D S A (A D of (I	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		f 6. Date Exercisable and Expiration Date (Month/Day/Year)			Am Und Sec			9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	y I I Grant of the state of the	Ownershi Form of Derivative Security: Direct (D) or Indirec	
					Code V	7 (	(A)	(D)	Date Exe	e rcisable	Expiration Date	n Titl	Amount or Number of Shares					

## **Reporting Owners**

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
GERAGHTY JAMES A C/O PIERIS PHARMACEUTICALS, INC. 255 STATE STREET 9TH FLOOR BOSTON, MA 02109	X						

### **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 \$4.71 to \$4.89, 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.

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.