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

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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 Response	es)											
1. Name and Address of Reporting Person – Prelack Steven			2. Issuer Name an PIERIS PHARM			0.0		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) 01/25/2018							ther (specify belo	ow)	
(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)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									
1.Title of Security		2. Transaction	2A. Deemed	3. Transact	tion	4. Securi	ities Acq	uired	5. Amount of Securities Beneficially	6.	7. Nature	
(Instr. 3) Date Ex			Execution Date, if	n Date, if Code		(A) or Disposed of (D)			Owned Following Reported	Ownership	of Indirect	
(Month/Day/Year)			any	(Instr. 8)		(Instr. 3, 4 and 5)			Transaction(s)	Form:	Beneficial	
			(Month/Day/Year)					1	(Instr. 3 and 4)		Ownership	
										or Indirect	(Instr. 4)	
				a 1	**		(A) or	n ·		(I)		
				Code	V	Amount	(D)	Price		(Instr. 4)		

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

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. Number		6. Date Exercisable and		7. Title and		8. Price of	9. Number of	10.	11. Nature	
Derivative	Conversion	Date	Execution Date, if	Transact	ion	of		Expiration Date		Amount of		Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)		Code		Derivati	ve	(Month/Day	/Year)	Underlying S		Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8))	Securitie	es			Securities		(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					Acquire	d	((Instr. 3 and 4)				2	(Instr. 4)
	Security					(A) or					0	Direct (D)			
						Dispose	d of					1	or Indirect		
						(D) (Instr. 2	4					Transaction(s) (Instr. 4)	· /		
						(Instr. 3, and 5)	, 4,					(111501. 4)	(Instr. 4)		
						and 5)	1								
											Amount				
									Expiration	Title	or Number				
								Exercisable	Date		of				
				Code	v	(A)	(D)				Shares				
Stock Option (right to	\$ 7.72	01/25/2018		A		20,000			01/25/2028	Common Stock		\$ 0	20,000	D	
(light to buy)										SIOCK					

Reporting Owners

Reporting Owner Name / Address	Relationships							
Teporting officer runner runness	Director	10% Owner	Officer	Other				
Prelack Steven C/O PIERIS PHARMACEUTICALS, INC. 255 STATE STREET, 9TH FLOOR BOSTON, MA 02109	X							

Signatures

/s/ Marc D. Mantell, Attorney-in-fact	01/29/2018
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 stock option will vest in four equal installments on each of March 31, June 30, September 30 and December 31, 2018.

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.