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

OMB APPR	OVAL
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hours par response	0.5

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 * GERAGHTY JAMES A			2. Issuer Name and Ticker or Trading Symbol PIERIS PHARMACEUTICALS, INC. [PIRS]					1	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) 01/25/2020						Officer (giv	e title below)	Oth	er (specify below	7)
(Street) BOSTON, MA 02109			4. If Amendment, Date Original Filed(Month/Day/Year)					_X_	6. Individual or Joint/Group Filing(Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(Cit		(State)	(Zip)	Table I - Non-Derivative Securities Acqu				es Acquired	lired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.	(1. Securities Acq A) or Disposed Instr. 3, 4 and 5	of (D) Owned Follow				Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Reminder:	Report on a s	separate line for each	class of securities l	peneficial	lly owned	irectiv	or manectry	/.						
Reminder:	Report on a s	separate line for eacl	Table II -	Derivati	ive Securi	ies Acq	Persor in this display	ns who respor form are not r ys a currently osed of, or Ben	equired to valid OMB eficially Ow	respond control r	unless the		ned SEC 1	474 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion	3. Transaction	Table II -	Derivati (e.g., put 4. Transaci Code	ive Securi ts, calls, w 5. Nu of De Securi Acqu	ies Acq arrants mber rivative ities ared (A) sposed	Persor in this display uired, Disp options, co 6. Date Ex Expiration (Month/Da	ns who resported form are not reported for a currently osed of, or Benconvertible securer cisable and Date	equired to valid OMB eficially Ow	control rened d Amount	unless the number.		Of 10. Ownershif Form of Derivativ Security: Direct (D or Indirect)	11. Nature of Indire Beneficie Ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II - 3A. Deemed Execution Date, if any	Derivati (e.g., put 4. Transaci Code	5. Nution of De Securior Di of (D	ies Acq arrants mber rivative ities red (A) sposed	Persor in this display uired, Disp options, co 6. Date Ex Expiration (Month/Da	ns who resported form are not reported form are not reported for a currently cosed of, or Benconvertible security and Date (19) (Year)	equired to valid OMB eficially Ow ities) 7. Title and of Underly Securities	control rened d Amount	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	Of 10. Ownershif Form of Derivativ Security: Direct (D or Indirect)	11. Nature of Indire Benefici e Ownersh (Instr. 4)

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/ Marc Mantell, Attorney-in-fact	01/28/2020
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 as to 100% of the underlying shares on January 25, 2021, subject to the Reporting Person's continued service as a director through the vesting date.

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.