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

OMB APPR	OVAL
OMB Number:	3235-0287
Estimated average	burden
houre por roeponeo	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

	pe Response	3)														
Name and Address of Reporting Person*  Richman Michael				2. Issuer Name and Ticker or Trading Symbol PIERIS PHARMACEUTICALS, INC. [PIRS]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  _X_Director					
(Last) (First) (Middle) C/O PIERIS PHARMACEUTICALS, INC., 255 STATE STREET, 9TH FLOOR			3. Date of Earliest Transaction (Month/Day/Year) 01/25/2020						_							
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)						_X	6. Individual or Joint/Group Filing(Check Applicable Line)  Form filed by One Reporting Person  Form filed by More than One Reporting Person					
BOSTO	N, MA 021	(State)	(Zip)													
		(State)							ative Securities		•					
(Instr. 3)		2. Transaction Date (Month/Day/Year	2A. Deeme Execution any (Month/Da		Date, if	3. Tra Code (Instr	· · · · · · · · · · · · · · · · · · ·		f (D) Ow Tra	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Ownership Form: Direct (D)	p of l Bei	7. Nature of Indirect Beneficial Ownership		
							Сс	ode V A	nount (A) or (D)	Price				or Indirect (I) (Instr. 4)		str. 4)
Title of Derivative Security	2. Conversion or Exercise	3. Transaction Date ((Month/Day/Year)	Table II 3A. Deemed Execution Date, if	- Deriva (e.g., p	tive uts, o	Securities calls, want 5. Numb of Deriv Securities	es Acorrant	Persons in this for a currer quired, Dispos, options, con 6. Date Exerc Expiration Do (Month/Day/	ate	required to control ficially Ow ties)  7. Title a of Under Securitie	orespond unumber.  wned  and Amount or other controls or other con	8. Price of	9. Number Derivative	of 10.	rship	4 (9-02)  11. Naturof Indirect Beneficia
		(Month/Day/ i ear)		CT . O			d (A)			(Instr. 3 and 4)			Securities	Form		
(Instr. 3)	Price of Derivative Security	(Month/Day/Tear)	(Month/Day/Year)	(Instr. 8		Acquired or Dispo of (D) (Instr. 3, and 5)	sed			(Instr. 3 a	·	(Instr. 5)	Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y Deriv Secur Director Ind	ative ity: : (D) irect	Ownershi (Instr. 4)
	Derivative	(Month Day) Tear)		(Instr. 8		or Dispo of (D) (Instr. 3,	sed	Date Exercisable	Expiration Date	Title	·		Beneficially Owned Following Reported Transaction	Deriv Secur Direct or Ind (I)	ative ity: : (D) irect	
	Derivative	01/25/2020				or Dispo of (D) (Instr. 3, and 5)	4,	Date Exercisable		Title	Amount or Number of Shares		Beneficially Owned Following Reported Transaction	Deriv Secur Direct or Ind (I)	ative ity: (D) irect 4)	

## Reporting Owners

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

# **Signatures**

/s/ Marc D. 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 was issued to the Reporting Person, who elected to take stock options in lieu of \$11,445.56 in cash compensation for services as a director and committee member, which compensation is payable to the Reporting Person quarterly in arrears pursuant to the Issuer's non-employee director compensation policy.
- (2) 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.