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

OWR APPR	OVAL
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Estimated average	burden
hours per recogness	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

Name and Address of Reporting Person * Barbier Ann		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 10% Owner								
(Last) (First) (Middle) C/O PIERIS PHARMACEUTICALS, INC., 255 STATE STREET, 9TH FLOOR			G DIG 255	3. Date of Earliest Transaction (Month/Day/Year) 06/23/2020					Officer (give title below) Other (specify below)				)		
(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)								ired, Disposed of, or Beneficially Owned							
		(******)		10.4 D		1	1							1	N
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea			any	on Date, if	(Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s)			Ownership of India Form: Benefic	eneficial		
				(Month/	/Day/Year)	Cod	le V A	Amount (A)		(Instr. 3 and 4)		Direct (D) or Indirect (I) (Instr. 4)		Ownership (Instr. 4)	
Reminder:	Report on a	separate fine for each	i class of securities				Persor in this	s who resp	require	d to res	pond ι	unless the		ned SEC 14	174 (9-02)
Reminder:	Report on a s	separate mic tor caes		Derivati	ve Securit	ies Acq	Persor in this display uired, Disp	s who responder are not so a current lossed of, or Bo	require valid C	d to res MB con	pond ι	unless the		ned SEC 14	174 (9-02)
1. Title of	2. Conversion	3. Transaction Date	Table II -  3A. Deemed Execution Date, if	Derivati (e.g., put 4. Transact Code	ve Securiti is, calls, wa 5. Nur tion of Der Securi	nber rivative ties red (A) posed	Persor in this display uired, Disp options, co	s who responders a currently osed of, or Boundertible securisable and Date	require y valid C neficially urities) 7. Title of Und Securi	omb combon of Owned  e and Amplerlying	pond untrol nu	unless the	9. Number	of 10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur p of Indired Beneficia 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. Transact Code	ve Securiti ts, calls, wa 5. Nur of Der Securi Acqui or Dis of (D) (Instr.	nber rivative ties red (A) posed	Persor in this display uired, Disp options, co	s who resp form are no is a currentl osed of, or Bo invertible sec ercisable and Date y/Year)	require y valid C neficially urities) 7. Title of Und Securi	d to respond to respon	mount umber	8. Price of Derivative Security	9. Number Derivative Securities Beneficially Owned Following Reported	of 10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur p of Indire Beneficie Ownersh (Instr. 4)

## **Reporting Owners**

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

## **Signatures**

/s/ Marc D. Mantell, Esq, Attorney-in-Fact	06/25/2020
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 June 23, 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.