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

OMB APP	ROVAL
OMB Number:	3235-0287
Estimated average	burden
houre par raenones	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* Kiener Peter A			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, 255 STATE STREET, 9TH FLOOR			3. Date of Earliest Transaction (Month/Day/Year) 06/23/2020					-	Officer (giv	re title below)	Oth	er (specify below	r)	
(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 Acqu					ies Acquir						
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year		2A. Deemed Execution Date, any (Month/Day/Yea		Code (Instr	(4. Securities Acc (A) or Disposed (Instr. 3, 4 and 5)	of (D) (5) T				Ownership of Eform: EDirect (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Reminder:	Report on a s	separate line for each	class of securities	Jenenciai	ily owned	directly		ns who respo	nd to the	collection	of informa	tion contain	ed SEC 14	474 (9-02)
Reminder:	Report on a s	eparate line for eacl	Table II -	Derivati	ive Securi	ties Acc	Person in this displa	ns who respo form are not ys a currently	required valid Of	to respond MB control r	unless the		ed SEC 14	474 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion	3. Transaction	Table II -	Derivati (e.g., put 4. Transaci Code	ive Securits, calls, v 5. No of Do Secu Or D of (I	ties Accordants amber erivatives rities aired (A) sposed b) a 3, 4,	Person in this displation of the property of t	ns who responder form are not year a currently cosed of, or Benonvertible secundercisable and a Date	required valid On eficially (to respond MB control r Owned and Amount erlying les	unless the number.		f 10. Ownershi Form of Derivative Security: Direct (D or Indirec	11. Natur p 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	ive Securits, calls, v 5. Notion of D Security Acquired or D of (I (Inst	ties Accordants amber erivative rities irred (A) sposed b) - 3, 4,	Persoin this displate the Exercisable	ns who responder form are not ys a currently so sed of, or Benonvertible seculer cisable and a Date and yYear)	required valid ON neficially (rities) 7. Title of Unde Securiti	to respond MB control r Owned and Amount erlying les	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	f 10. Ownershi Form of Derivative Security: Direct (D or Indirec	11. Natu p of Indire Benefici e Ownersh (Instr. 4)

Reporting Owners

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Kiener Peter A C/O PIERIS PHARMACEUTICALS 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.