## FORM 4

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

OMB APPR	ROVAL
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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).

#### 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 37															
1. Name and Address of Reporting Person *- Richman Michael			2. Issuer Name and Ticker or Trading Symbol PIERIS PHARMACEUTICALS, INC. [PIRS]					21	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)X Director 10% Owner						
	RIS PHAR	(First) RMACEUTICAL 9TH FLOOR		5. Bute of Euritest Transaction (From Buy, Tear)			-	Officer (gi	ve title below)	Otl	er (specify below)	)			
BOSTO	N, MA 021	(Street)		4. If Ame	endment	, Date	Origin	nal Filed(M	onth/Day/Year)		X_ Form filed by	One Reporting		Applicable Line)	1
(Cit		(State)	(Zip)	Table I - Non-Derivative Securities Acqu				es Acquir	uired, Disposed of, or Beneficially Owned						
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	2A. Dee Executi any (Month	on Date	if Co		(4	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Benefic Owned Following Reported Transaction(s)		d	Ownership or B	Nature f Indirect eneficial wnership	
				(Wonth	/Вау/ 13		Code	VA	mount (A) or (D)		or Indirect (I)		or Indirect (I	nstr. 4)	
Reminder:	report on a							Person	s who respoi	nd to the	collection	of informat	tion contail	ned SEC 14	174 (9-02)
Reminder:	Teoport on a		Table II -					in this t display	orm are not or some a currently osed of, or Ben	required valid ON eficially C	to respond IB control	unless the		ied SEC 14	174 (9-02)
1. Title of	•		Table II -  3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code	tion of Second or of	Number Derivative Squired Disposed Distr. 3, 4	er 6 tive E (A) ed	in this in display	orm are not as a currently used of, or Ben envertible securcisable and Date	required valid ON efficially (	to respond B control Owned and Amount rlying es	8. Price of		of 10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indire Beneficia Ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transac Code	ts, calls,  5.1  5.2  Sec  Or  of  (In  and	Number Derivative Squired Disposed Disp	er 6 (1 (A) ed 4,	in this in display ared, Dispositions, constitution in the Expiration in the constitution in the constitution in this in this in this in this in the constitution in the constitution in the constitution in this in this in this in the constitution	orm are not as a currently ased of, or Ben envertible securcisable and Date //Year)	required valid ON eficially (rities)  7. Title a of Unde Securities	to respond B control Owned and Amount rlying es	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported	of 10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natu of Indire Benefici Ownersh (Instr. 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	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.