FORM 4

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

OMB APPROVAL					
OMB Number:	3235-0287				
Estimated average burden					
ours per response	e 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 Nomes															
Name and Address of Reporting Person * Yoder Stephen S.				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			3. Date of Earliest Transaction (Month/Day/Year) 02/20/2018						Officer (give		Other Xecutive Offi	r (specify below cer			
(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	y)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired				l, Disposed	of, or Bene	ficially Own	ed				
1.Title of S (Instr. 3)	Security		2. Transaction Date (Month/Day/Year)	any	med on Date, if Day/Year)		8)	4. Securit (A) or Dis (Instr. 3, 4	sposed of and 5) (A) or	of (D) Own Train	Owned Following Reported Transaction(s) (Instr. 3 and 4)		i (Ownership Form: E Direct (D)	. Nature f Indirect geneficial ownership Instr. 4)
Reminder:	Report on a	separate line for each	h class of securities	beneficia	lly owned	directly		-	rospor	d to the	collection	of informa	tion	SEC 1	174 (9-02)
			Table II -		e Securiti		conta form ired, Dis	ined in t displays posed of,	his for a curr or Bene	m are not ently valid eficially Ov	t required d OMB co	to respon	d unless the		., . (> 02)
1. Title of Derivative Security (Instr. 3)	Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transacti Code	5. Num Joeriva Securi	nber of tive ies ed (A) posed	conta form nired, Dis options, 6 6. Date I Expiration	ined in to displays posed of, convertible Exercisable	his formal a current or Beneral e secure and	m are not ently valid eficially Ov	t required d OMB con wned d Amount ying	to respond ntrol numb	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(f 10. Ownershi Form of Derivativ Security: Direct (D or Indirec	11. Nature p of Indirec Beneficia Ownershi (Instr. 4)
Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transacti Code	5. Num Joeriva Securi Acquii or Disj of (D) (Instr.	nber of tive ies ed (A) posed	conta form ired, Dis options, 6. Date I Expirati (Month/	ined in to displays posed of, convertible Exercisable on Date	his for a curr or Bene e secur e and	m are not ently valid eficially Ovities) 7. Title an of Underly Securities	t required d OMB con wned d Amount ying	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	f 10. Ownershi Form of Derivativ Security: Direct (D or Indirec	11. Nature p of Indirec Beneficia Ownershi (Instr. 4)

Reporting Owners

Donostino Como a Norra / Address	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Yoder Stephen S. C/O PIERIS PHARMACEUTICALS, INC. 255 STATE STREET, 9TH FLOOR BOSTON, MA 02109	X		Chief Executive Officer			

Signatures

/s/ Marc D. Mantell, Attorney-in-	-fact	02/26/2018
**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 option vests as to 25% of the option shares on January 1, 2019 and vests as to an additional 6.25% of the option shares at the end of each successive three-month period thereafter.

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.