FORM 4

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

OMB APPRO	VAL
OMB Number:	3235-0287
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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) 06/25/2021					-	Officer (giv	re title below)	Oth	er (specify below	7)
(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)			(Zip)	Table I - Non-Derivative Securities Acqui					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 Ac (A) or Disposed (Instr. 3, 4 and 5	of (D) (5) T	Amount of Securities Beneficially wned Following Reported ransaction(s) nstr. 3 and 4)		d	Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Reminder:	Report on a	separate line for each	class of securities l	beneficial	lly owned	directly								
Reminder:	Report on a	separate line for eacl	Table II -	Derivati	ive Securi	ties Acc	Person in this displa quired, Disp	ns who respo form are not ys a currently	required valid Of	to respond MB control r	unless the		ned SEC 1	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, w 5. No of Do Secu Acqu or Do of (C	ties Accordants amber erivatives rities aired (A) sposed b) a 3, 4,	Person in this displation of the property of t	ns who respo form are not ys a currently cosed of, or Ber convertible secu- tercisable and Date	required valid On neficially (rities)	to respond MB control r Owned and Amount erlying les	unless the number.		of 10. Ownershi Form of Derivative Security: Direct (D or Indirec	11. Natur of Indire Beneficire 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, w 5. Notion of Do Security Acquired or Di of (E (Instr	ties Accordants amber erivative rities irred (A) sposed b) - 3, 4,	Persoin this displation of the person of the	ns who respo form are not ys a currently posed of, or Ber onvertible secu tercisable and Date ay/Year)	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	of 10. Ownershi Form of Derivative Security: Direct (D or Indirec	11. Natu of Indire Benefici 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	06/29/2021
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).
- The stock option will vest as to 100% of the underlying shares on the date of the Company's 2022 annual stockholders meeting, 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.