FORM 4

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

OMB APPE	ROVAL
OMB Number:	3235-0287
Estimated average	burden
hours per response	0.5

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

	pe Response										_					
1. Name and Address of Reporting Person * KIRITSY CHRISTOPHER P			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) 06/25/2021							Officer (give	e title below)	Othe	r (specify below)			
BOSTON, MA 02109			4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting PersonForm filed by More than One Reporting Person							
(Cit		(State)	(Zip)	Table I - Non-Derivative Securities Acqu				uired, Disposed of, or Beneficially Owned								
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	Executi			. Trai Code Instr.	(4. Securities Acquired (A) or Disposed of (I) (Instr. 3, 4 and 5)		Owne Transa	Amount of Securities Beneficially by a Reported ransaction(s)		d (Ownership of Form:	. Nature f Indirect eneficial	
				(Month	/Day	//Year)	Cod	le V	Amount (A)		(Instr. 3 and 4))		or Indirect (Instr. 4)	
Reminder:	Report on a s							in this	is who resp form are no s a current	t require	ed to r	espond	unless the		eu sec 14	74 (9-02)
Reminder:	Report on a s														SEC 14	74 (9-02)
1. Title of	2. Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	(<i>e.g.</i> , pu	ts, ca	5. Numb	rants er ative	uired, Disp options, co	form are no rs a current osed of, or Bo onvertible sec ercisable and Date	t require y valid (neficially urities) 7. Tit	ed to re OMB c y Owne le and A derlyin	espond control n	unless the umber.	e form 9. Number o		11. Natur
1. Title of Derivative	2. Conversion	Date	3A. Deemed Execution Date, if	4. Transac Code	etion	5. Numb of Deriv	er ative es d (A)	uired, Disp options, co 6. Date Ex Expiration	form are no rs a current osed of, or Bo onvertible sec ercisable and Date	require y valid (neficially urities) 7. Tit of Un Secur	ed to re OMB c y Owne le and A derlyin	espond control n ed Amount	8. Price of Derivative	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(To 10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indirec Beneficia
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transac Code	etion	5. Numb of Deriv Securitie Acquired or Dispo of (D) (Instr. 3,	er ative es d (A)	uired, Disp options, co 6. Date Ex Expiration	form are no ys a current osed of, or Bonvertible sec ercisable and Date y/Year)	require y valid (neficially urities) 7. Tit of Un Secur	ed to re OMB c y Owne le and A derlyin ities . 3 and	espond control n ed Amount	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indirec Beneficia Ownershi

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

Signatures

/s/ Marc D. Mantell, 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).

(1) 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.