FORM 4

Instruction 1(b).

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

Check this box if no longer subject to	STATEMENT OF CHANGES IN BENEFICIAL	<b>OWNERSHIP</b>
Section 16. Form 4 or Form 5		
obligations may continue. See		

**OMB APPROVAL** OMB Number: Estimated average burden hours per response: 0.5

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*  Khuong Chau Quang				<u>P</u>	2. Issuer Name and Ticker or Trading Symbol PIERIS PHARMACEUTICALS, INC. [ PIRS ]							(Ch	eck all appli X Direct	cable)	g Pers	son(s) to Issi 10% Ow Other (s	ner
(Last) (First) (Middle) C/O PIERIS PHARMACEUTICALS, INC. 255 STATE STREET, 9TH FLOOR			` ,		3. Date of Earliest Transaction (Month/Day/Year) 10/25/2016								below			below)	респу
(Street) BOSTON	N M	TA	02109 (Zip)	_   4.	If Ame	endment, I	Date o	of Original Fil	led (M	Month/Da	ay/Year)	Line	e) <mark>X</mark> Form	filed by One filed by Moi	e Repo	(Check App orting Person one Repor	1
		Tab	le I - Non-Dei	ivativ	e Se	curities	s Ac	quired, D	ispo	osed o	of, or Be	neficial	y Owned	i			
1. Title of Security (Instr. 3)			2. Tra Date	nsaction			3. 4. Securities Transaction Code (Instr. 5)		ties Acquired (A) or d Of (D) (Instr. 3, 4 an		5. Amou Securitie Benefici	nt of es ally Following	Form (D) o	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Code	,   ,	Amount	ount (A) or P		Transac (Instr. 3	tion(s)			,iii3ii. 4)	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	e (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr.				6. Date Exercisable an Expiration Date (Month/Day/Year)			7. Title and Amou of Securities Underlying Derivative Securit (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Exp Dat	piration te	Title	Amount or Number of Shares					
Stock Option (right to buy) <sup>(1)</sup>	\$1.64	10/25/2016		A		10,279		10/25/2016	10/2	/25/2026	Common Stock	10,279	\$0.00	10,27	9	D	

## **Explanation of Responses:**

1. The Reporting Person is an employee of OrbiMed Advisors LLC ("Advisors") and is obligated to transfer any shares issued under equity grants made to him by the Issuer, or the economic benefits thereof, to Advisors for the ultimate benefit of OrbiMed Private Investments III, LP and OrbiMed Associates III, LP.

## Remarks:

/s/ Marc D. Mantell, Attorney-

in-fact

\*\* Signature of Reporting Person

10/27/2016 Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- \* 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.