(Street) **NEW YORK**

(City)

NY

(State)

10022

(Zip)

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB Number: INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF

OMB APPROVAL 3235-0104 Estimated average burden er response: 0.5

				51	ECURITIES				hours pe	er response:	0.5
					6(a) of the Securities Exchange A he Investment Company Act of 1						
1. Name and Address of Reporting Person* ORBIMED ADVISORS LLC			Requiring Statement (Month/Day/Year) 06/29/2015		3. Issuer Name and Ticker or Trading Symbol PIERIS PHARMACEUTICALS, INC. [PIRS]						
(Last) (First) (Middle) 601 LEXINGTON AVENUE, 54TH FLOOR					4. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner Officer (give title below) Other (specify below)			5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person			
(Street) NEW YORK NY 10022											
(City) (S	State)	(Zip)									
			Table I - Non	-Derivativ	ve Securities Beneficial	ly Owned					
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr. 4) 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock					6,698,939	I S		See Footnotes ⁽¹⁾⁽³⁾			
Common Stock					60,681	I	I Se		See Footnotes ⁽²⁾⁽³⁾		
		(0			Securities Beneficially nts, options, convertible		s)				
			2. Date Exerc Expiration Day/	ate	3. Title and Amount of Secur Underlying Derivative Securi	urity (Instr. 4) C		ersion ercise of	5. Ownership Form: Direct (D)	6. Nature of Ind Beneficial Own (Instr. 5)	
			Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Deriva Secur	ative	or Indirect (I) (Instr. 5)		
1. Name and Addres		•				,					
(Last) (First) (Middle) 601 LEXINGTON AVENUE, 54TH FLOOR											
(Street) NEW YORK NY 10022			22								
(City)	(State)	(Zip)									
1. Name and Addres OrbiMed Cap											
(Last) (First) (Middle) 601 LEXINGTON AVENUE, 54TH FLOOR											
(Street) NEW YORK	NY	1002	22								
(City)	(State)	(Zip)									
1. Name and Address of Reporting Person* ISALY SAMUEL D											
(Last)	(First)	(Midd	le)								

Explanation of Responses:

- 1. These securities are held of record by OrbiMed Private Investments III, LP ("OPI III"). OrbiMed Capital GP III LLC ("GP III") is the sole general partner of OPI III, and OrbiMed Advisors LLC ("Advisors") is the managing member of GP III. Samuel D. Isaly, a natural person ("Isaly"), is the managing member of and owner of a controlling interest in Advisors. By virtue of such relationships, GP III, Advisors and Mr. Isaly may be deemed to have voting and investment power over the securities held by OPI III and as a result may be deemed to have beneficial ownership over such securities.
- 2. These securities are held of record by OrbiMed Associates III, LP ("Associates III"). Advisors is the sole general partner of Associates III. Mr. Isaly is the managing member of and owner of a controlling interest in Advisors. By virtue of such relationships, Advisors and Mr. Isaly may be deemed to have voting and investment power over the securities held by Associates III and as a result may be deemed to have beneficial ownership over such securities.
- 3. This report on Form 3 is jointly filed by GP III, Advisors, and Mr. Isaly. Each of the Reporting Persons disclaims beneficial ownership of the securities reported herein for purposes of Rule 16a-1(a) under the Securities Exchange Act of 1934, as amended (the "Exchange Act"), except to the extent of its or his pecuniary interest therein, if any. The Reporting Persons have designated a representative, currently Chau Khuong, an employee of Advisors, to serve on the Issuer's board of directors. This report shall not be deemed an admission that any of the Reporting Persons is a beneficial owner of such securities for the purpose of Section 16 of the Exchange Act, or for any other purpose.

Remarks:

/s/ Samuel D. Islay

06/29/2015

** Signature of Reporting Person

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 5 (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.