FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to	STA
Section 16. Form 4 or Form 5	
obligations may continue. See	
Instruction 1(b).	

## TEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**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

Name and Address of Reporting Person*     Khuong Chau Quang					2. Issuer Name and Ticker or Trading Symbol PIERIS PHARMACEUTICALS, INC. [ PIRS ]							(Ch	elationship eck all applic X Directo	cable) or	g Pers	10% Ov	vner
(Last) C/O PIE	`	irst) MACEUTICAL	(Middle) S, INC.		3. Date of Earliest Transaction (Month/Day/Year) 02/16/2016								Officer below)	(give title		Other (s below)	specify
255 STATE STREET, 9TH FLOOR					If Amendment, Date of Original Filed (Month/Day/Year)						6.1	6. Individual or Joint/Group Filing (Check Applicable					
(Street)	N M	A	02109							(	.,, ,	Line	e) <mark>X</mark> Form f	iled by One	e Repo	orting Perso	n
(City)	(S	tate)	(Zip)														
		Tab	le I - Non-	-Deriva	ative	Se	curities	s Ac	quired, Di	sposed o	of, or Be	neficial	y Owned	l			
1. Title of Security (Instr. 3)  2. Transar Date (Month/Date)					Execution Date,			Code (Ins				5. Amou Securitie Beneficia Owned F Reported	es I ally ( Following (	Form (D) o	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
								Code V	Amount	(A) or (D)	Price	Transact (Instr. 3	ion(s)			(Instr. 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 Onte Date (Month/Day/Year)  (Instr. 3)  3. Transaction Date Execution Date, if any (Month/Day/Year)			Fransaction of Code (Instr. De S) Se Ad (A Di of		of E		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (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)	Beneficial Ownership (Instr. 4)		
				C	ode	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					
Stock Option (right to buy) <sup>(1)</sup>	\$1.59	02/16/2016			A		20,000		(2)	02/16/2026	Common Stock	20,000	\$0.00	20,000	0	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.
- 2. The stock option will vest in four equal installments on each of March 31, June 30, September 30, and December 31, 2016.

## Remarks:

/s/ Marc D. Mantell, Attorney-02/18/2016 in-fact

\*\* 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 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.