FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
I	Estimated average burden									
Ш	hours por rosponso:	0.5								

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

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	eck all	applica Director	able)	g Pers		ner
	RIS PHARI	MACEUTICAL:	(Middle) S, INC.		3. Date of Earliest Transaction (Month/Day/Year) 04/25/2017									onicer (oelow)	give title		Other (s below)	ресіту
255 STATE STREET, 9TH FLOOR (Street) BOSTON MA 02109				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)						Lin	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person						
(City)			(Zip)									Form filed by More than One Reporting Person					ting	
		Tab	le I - Non-De	rivativ	e Se	curities	s Ac	quired, D	Disp	osed o	f, or Be	neficial	ly Ov	vned				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					Execution Date,		3. 4. Securities Acquired (A) Transaction Disposed Of (D) (Instr. 3, -0) S) 5)						lly ollowing	Form	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D)	Price	Tra	ansactio	action(s) 3 and 4)			(Instr. 4)
		٦	Γable II - Deri (e.g.					uired, Dis , options					Owr	ned			,	*
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code (Inst				6. Date Exercisable Expiration Date (Month/Day/Year)			e and 7. Title and Am of Securities Underlying Derivative Sec (Instr. 3 and 4)		8. Pri Deriv Secu (Insti	rative rity :. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	s Silly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable		xpiration vate	Title	Amount or Number of Shares						
Stock Option (right to buy) ⁽¹⁾	\$2.32	04/25/2017		A		10,546		04/25/2017	0	4/25/2027	Common Stock	10,546	\$0	.00	10,546	6	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

Date

04/27/2017

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.