| SEC Form 4 FORM 4 | UNITED STATES SECURITIES AND EXCHANGE COMMISSION | | | | | | | | |
|---|--|--|-----------------|--|--|--|--|--|--|
| | Washington, D.C. 20549 | | | | | | | | |
| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See | STATEMENT OF CHANGES IN BENE | EFICIAL OWNE | ERSHIP | | | | | | |
| 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 | | | | | | | |
| 1. Name and Address of Reporting Person* | 2. Issuer Name and Ticker or Trading Syn | | 5. Relationship | | | | | | |

| 20549 | OMB APPROVAL |
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| OMB Number: 3235-028 | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|
| Estimated average burden | | | | | | | |
| hours per response: | 0.5 | | | | | | |

| Name and Address of Reporting Person* Olwill Shane | | | | 2. Issuer Name and Ticker or Trading Symbol <u>PIERIS PHARMACEUTICALS, INC.</u> [PIRS] | | | | | | IRS (Ch | 5. Relationship of Reporting Pers (Check all applicable) Director X Officer (give title below) | | 10% C | wner (specify | | |
|---|--|--|--------------------------------|--|--------------|--------------|---|---------------------|--|---|--|--|---|------------------|------------|--|
| (Last) (First) (Middle) C/O PIERIS PHARMACEUTICALS, INC. | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/24/2023 | | | | | | Chief Development Officer | | | | | | |
| 225 FRANKLIN STREET, 26TH FLOOR | | | | | | | | | | | | | | | | |
| (Street) | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | Line | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| BOSTO | N M | IA | 02110 | | | | | | | | Form filed by One Reporting Person Form filed by More than One Reporting | | | I | | |
| | | | (- :) | | | | | | | | | | Person | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | |
| Date | | | 2. Transa Date (Month/Da | Execution Date, | | Code (Instr. | | | 5. Amoun Securities Beneficia Owned For Reported | s Form Ily (D) or ollowing (I) (In | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | Code | v | Amount | (A) o (D) | r Price | Transacti | Transaction(s) Instr. 3 and 4) | | (Instr. 4) | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | |
| Derivative Conversion Date Executio Security or Exercise (Month/Day/Year) if any | | 3A. Deemed Execution Da if any (Month/Day/N | Cod | saction e (Instr. | Derivative E | | 6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and An of Securities Underlying Derivative Sec (Instr. 3 and 4) | | ies g security | 8. Price of Derivative Security (Instr. 5) | | Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | Beneficial Ownership t (Instr. 4) | | | |
| | | | | Cod | e V | (A) | | Date Exercisable | | xpiration ate | Title | Amount or Number of Shares | | (Instr. 4) | | |
| Stock Option (Right to buy) | \$1.39 | 02/24/2023 | | А | | 249,080 | | (1) | 0 | 2/24/2033 | Common Stock | 249,080 | \$0 | 249,080 | D | |

Explanation of Responses:

1. The option vests as to 25% of the option shares on February 24, 2024 and as to an additional 6.25% of the option shares at the end of each successive three-month period thereafter.

/s/ Ahmed Mousa, Attorney-in-02/28/2023 <u>fact</u>

** 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.