

**UNITED STATES  
SECURITIES AND EXCHANGE COMMISSION**  
Washington, D.C. 20549

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**FORM 8-K**

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**CURRENT REPORT**  
**Pursuant to Section 13 or 15(d)**  
**of the Securities Exchange Act of 1934**

**Date of Report (Date of earliest event reported): October 2, 2018**

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**PIERIS PHARMACEUTICALS, INC.**  
(Exact Name of Registrant as Specified in its Charter)

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Nevada  
(State of  
Incorporation)

001-37471  
(Commission  
File Number)

EIN 30-0784346  
(IRS Employer  
Identification No.)

255 State Street, 9th Floor  
Boston, MA 02109  
United States  
(Address of principal executive offices, including zip code)

**Registrant's telephone number, including area code: 857-246-8998**

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Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

- Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
- Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
- Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
- Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (17 CFR §230.405) or Rule 12b-2 of the Securities Exchange Act of 1934 (17 CFR §240.12b-2).

Emerging Growth Company

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act.

**Item 7.01: Regulation FD Disclosure.**

Attached hereto as Exhibit 99.1 and incorporated by reference herein is the October 2018 Cantor Fitzgerald Global Healthcare Conference presentation of Pieris Pharmaceuticals, Inc.

The information set forth under this “Item 7.01. Regulation FD Disclosure,” including the exhibit attached hereto, shall not be deemed “filed” for purposes of Section 18 of the Securities Exchange Act of 1934, as amended, nor shall it be deemed incorporated by reference into any filing under the Securities Act of 1933, as amended, except as shall be expressly set forth by specific reference in such filing.

**Item 9.01 Financial Statements and Exhibits**

(d) *Exhibits.*

99.1 [Cantor Fitzgerald Global Healthcare Conference Presentation, dated October 2018.](#)

**SIGNATURE**

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

PIERIS PHARMACEUTICALS, INC.

Dated: October 2, 2018

/s/ Allan Reine

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Allan Reine

Chief Financial Officer



# Cantor Fitzgerald Global Healthcare Conference

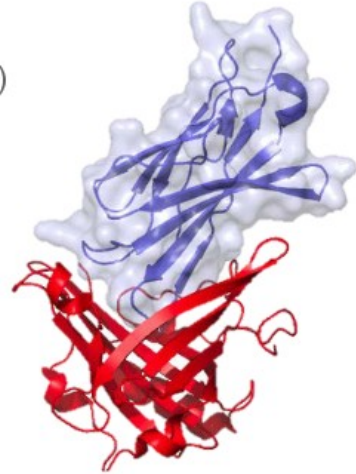
October 2018  
(Nasdaq: PIRS)

## Forward Looking Statements

This presentation contains forward-looking statements as that term is defined in Section 27A of the Securities Act of 1933 and Section 21E of the Securities Exchange Act of 1934. Statements in this press release that are not purely historical are forward-looking statements. Such forward-looking statements include, among other things, references to novel technologies and methods and our business and product development plans, including the advancement of our proprietary and co-development programs into and through the clinic. Actual results could differ from those projected in any forward-looking statements due to numerous factors. Such factors include, among others, our ability to raise the additional funding we will need to continue to pursue our business and product development plans; the inherent uncertainties associated with developing new products or technologies and operating as a development stage company; our ability to develop, complete clinical trials for, obtain approvals for and commercialize any of our product candidates, including our ability to recruit and enroll patients in our studies; our ability to address the requests of the FDA; competition in the industry in which we operate and market conditions. These forward-looking statements are made as of the date of this press release, and we assume no obligation to update the forward-looking statements, or to update the reasons why actual results could differ from those projected in the forward-looking statements, except as required by law. Investors should consult all of the information set forth herein and should also refer to the risk factor disclosure set forth in the reports and other documents we file with the SEC available at [www.sec.gov](http://www.sec.gov), including without limitation the Company's Annual Report on Form 10-K for the fiscal year ended December 31, 2017 and the Company's Quarterly Reports on Form 10-Q.

## Anticalin Proteins – A Novel Therapeutic Class with Favorable Drug Properties

- Derived from lipocalins (human extracellular binding proteins)
  - multifunctional, non-immunogenic polypeptides
- Engineerable binding pocket for robust target engagement
- Small size (18 kDa vs 150kDa mAbs)
- Can be formulated for pulmonary delivery
- Can be formatted into novel bi/multispecific constructs

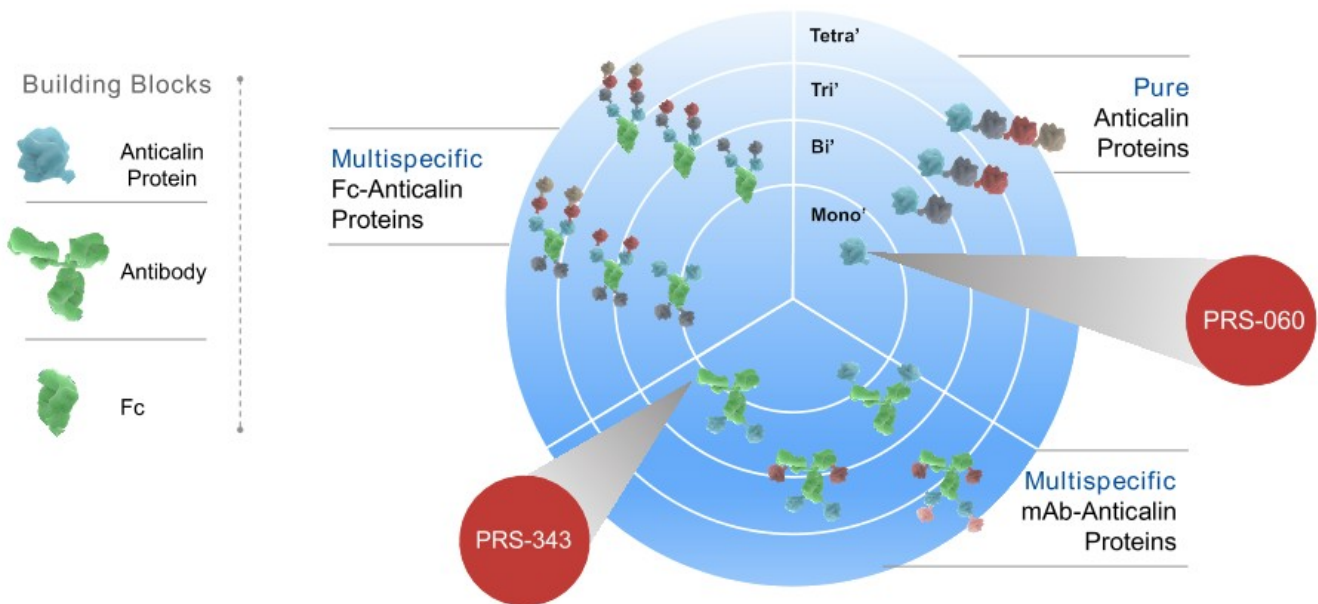


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### Underpinned by a Powerful Drug Discovery Platform

- Highly diverse libraries ( $>10^{11}$ ) of potential drug candidates
- Automated high-throughput drug screening technology (phage display)
  - High hit rates, quick to development candidates, versatile use
- Extensive protein engineering know-how

# Anticalin Protein-based Drug Candidates can be Tailored to Multiple Formats

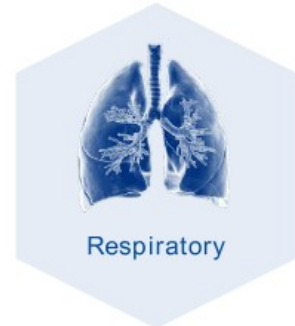


Potent Multi-target Engagement • Novel Inhaled and Multispecific MoA • Favorable Drug-like Properties



## Pieris Investment Opportunity

- Validation through three anchor partnerships
  - \$120+M in upfront payments and milestones since January 2017
  - Each partnership includes co-development & US-focused commercialization rights
- Near-term, clinical-based inflection points
  - IO: wholly owned bispecific 4-1BB agonist (PRS-343)
  - Respiratory: co-developed (AstraZeneca) inhaled IL4Ra antagonist (PRS-060)
  - Anemia: non-core asset targeting hepcidin (partnered in JP) with additional drug class validation and licensing revenue potential
- Significant capital to bridge through near-term clinical datasets
- Partnerships and pipeline supported by IND engine yielding several drug candidates with excellent drug-like properties



## Financial Update (6/30/18)

(in millions)

Cash & Cash Equivalents (proforma)	\$151.7M
Debt	\$0.0
2017 Opex	\$39.3M
CSO	54.0

## 2018 Anticipated Milestones

Core Clinical	<ul style="list-style-type: none"> <li>• PRS-343: Initial safety and PD data</li> <li>• PRS-060: First-in-human data in 2H18</li> </ul>
Non-Core Clinical	<ul style="list-style-type: none"> <li>• PRS-080: Phase IIa data in 2H18 (safety, PK, hemoglobin change post 5QW dosing)</li> </ul>
Next-Generation Pipeline	<ul style="list-style-type: none"> <li>• PRS-344 data at SITC 2018</li> <li>• Advance multiple programs in immuno-oncology and respiratory</li> </ul>

## Pipeline Highlights

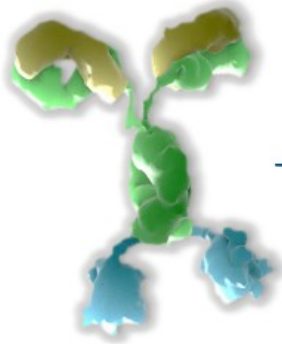
	DISCOVERY	PRECLINICAL	PHASE I	PHASE II
PRS-080				✓
PRS-343			✓	
PRS-060 (AZ)			✓	
Servier	✓	✓		
PRS-344 (Servier)	✓	✓		
PRS-300s	✓	✓		
AstraZeneca	✓			
PRS Respiratory	✓			
Seattle Genetics	✓			

Two IO INDs planned in 2019



# Immuno-oncology Franchise

Prioritizing PRS-343, “fast-followers” and diversified costim agonism beyond 4-1BB



## Proprietary Clinical (worldwide rights)

- PRS-343: First-in-class bispecific to preferentially activate T cells in the tumor microenvironment (TME)
- Committed to advancing several additional tumor-localized costimulatory bispecific fusion proteins

## Servier Collaboration



- PRS-344: PD-L1/4-1BB antibody/anticalin bispecific
- 5-program deal (all bispecific fusion proteins)
- Pieris retains full U.S. rights for 3 out of 5 programs
- \$31M upfront payment, \$1.8B milestone potential
- Up to low double-digit royalties on non-codev products



## Seattle Genetics Collaboration

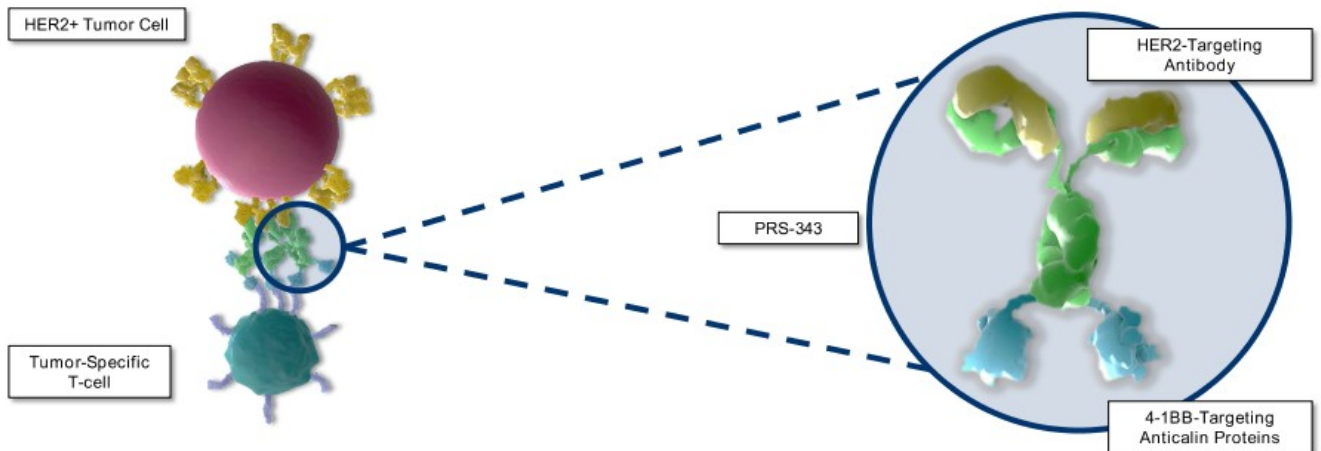
- 3-program partnership based on tumor-localized costimulatory bispecific fusion proteins
- Pieris retains opt-in rights for 50/50 global profit split and U.S. commercialization rights on one of the programs
- \$30 upfront payment, \$1.2B milestone potential
- Up to double-digit royalties on non-codev products



# 4-1BB (CD137): Validated Target in Need of Appropriate Drug

- Marker for tumor-specific T cells in TME
- Drives anti-tumor cytolytic activity
- Ameliorates T cell exhaustion & critical for T cell expansion
- Drives central memory T cell phenotype

Systemically agonizing 4-1BB mAb (urelumab) has shown clinical activity yet caused significant toxicity

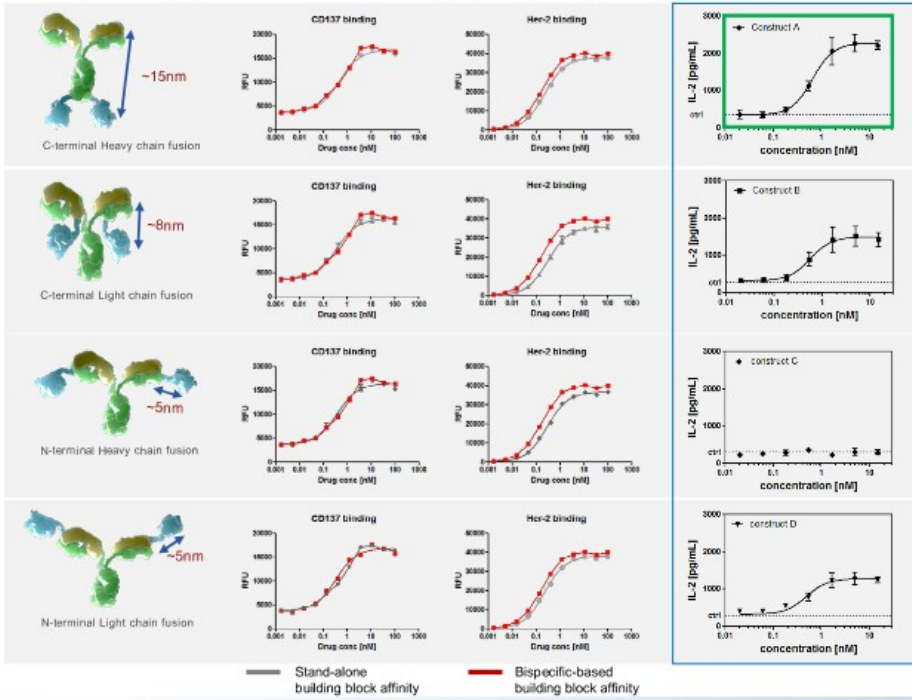


PRS-343 was designed for TME-specific 4-1BB activation\*

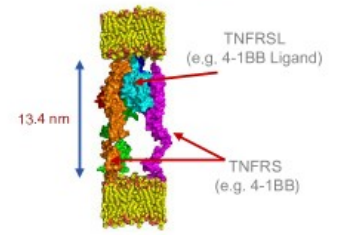
# Anticalin Platform: Well-Equipped for Targeted IO Agonism



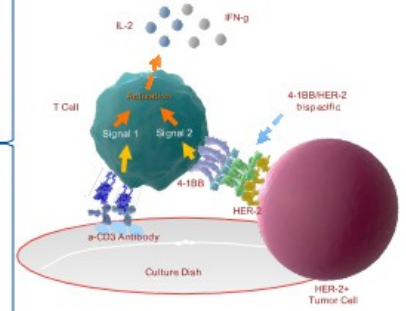
A Varied Immune Synapse... ... Does Not Materially Impact Target Engagement... ...But Impacts Efficacy



The Natural Immune Synapse



Efficacy Experimental Design

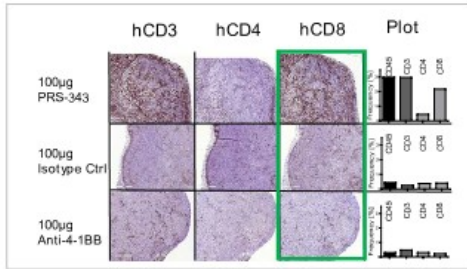


# PRS-343 Shows Localized Activity in Humanized Mouse Model

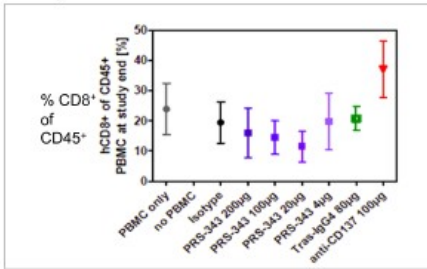


	CD8 <sup>+</sup> Proliferation in TME	Peripheral CD8 <sup>+</sup> Proliferation	Systemic Toxicity
PRS-343	Yes	No	No
4-1BB mAb	No	Yes	Yes
Isotype Control	No	No	No

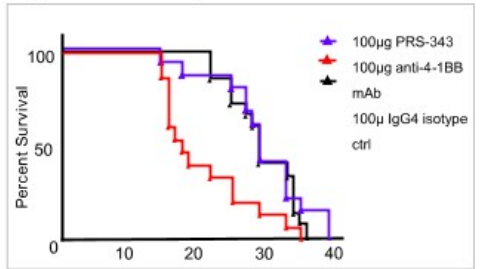
CD8<sup>+</sup> Proliferation in TME



Peripheral CD8<sup>+</sup> Proliferation



Systemic Toxicity

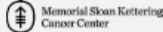
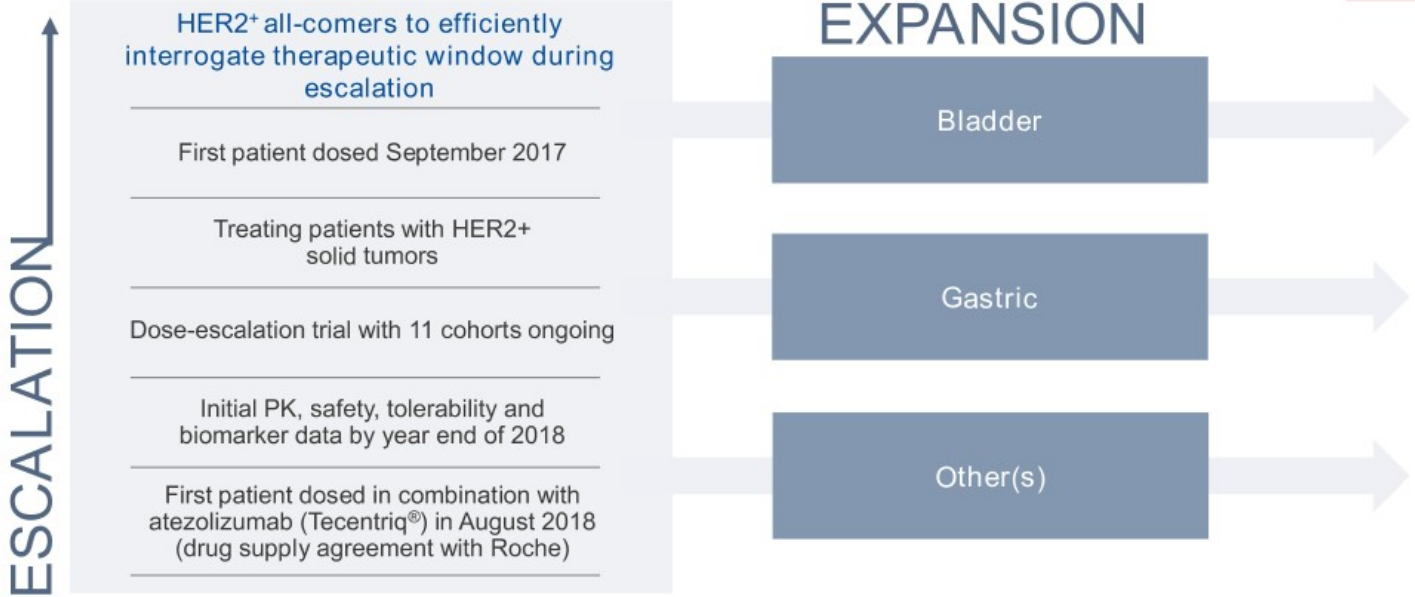


Experimental Design:

- SKOV-3 tumor cells grafted onto immune-deficient mice and grown to predetermined volume
- Human PBLs + control or PBLs + PRS-343 administered



# PRS-343 Phase I Escalation and Expansion Trials

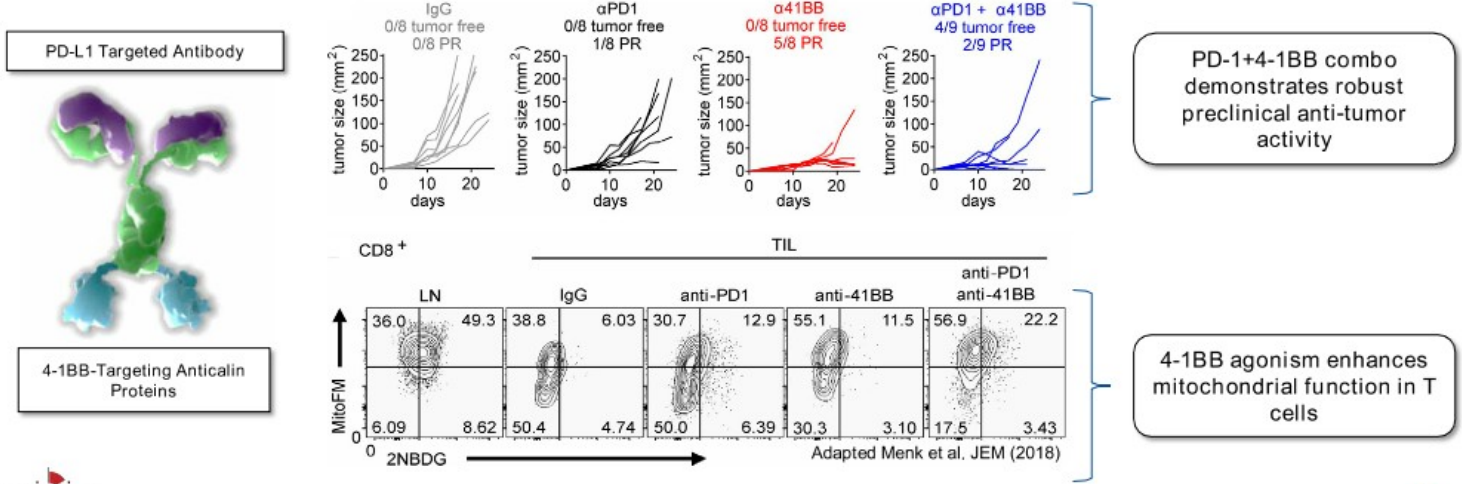




# PRS-344: PD-L1/4-1BB Antibody/Anticalin Bispecific

- Combining the benefits of tumor-localized 4-1BB agonism with PD-L1 blockade
- Pan-tumor opportunity
- Partnered with Servier
- Publications support preclinical rationale of the combination as evidenced below:

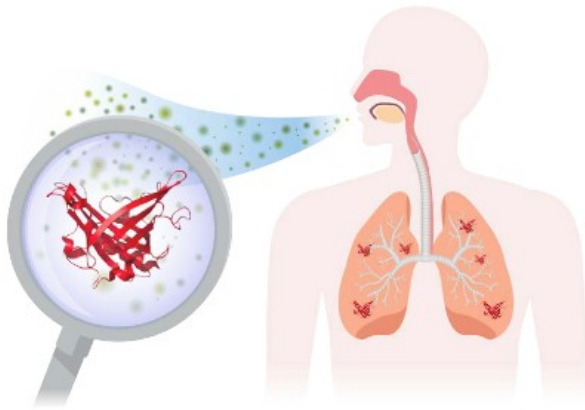
## Synergistic Response of PD-1+4-1BB Combination Demonstrated In Preclinical Models





# Respiratory Franchise

Addressing validated targets through inhalation



## AstraZeneca Collaboration

- PRS-060: IL-4 receptor alpha antagonist in clinical development for the treatment of moderate-to-severe uncontrolled asthma
- 4 additional committed novel inhaled Anticalin protein programs
- Retained co-development and co-commercialization (US) options on PRS-060 and up to 2 additional programs
- Attractive economics
  - \$57.5M upfront & Phase I MS in 2017
  - ~\$2.1B in milestone potential, plus double-digit royalties
  - AZ funds all PRS-060 development costs through post-Ph 2a co-development opt-in decision
- Access to complementary formulation and device know-how for inhaled delivery

## Proprietary Clinical (worldwide rights)

- Initiated two proprietary respiratory programs for undisclosed targets in 2H18



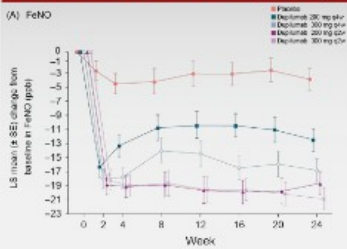
# PRS-060 is an Inhaled Drug Candidate for Uncontrolled Asthma

## Why did we design this?

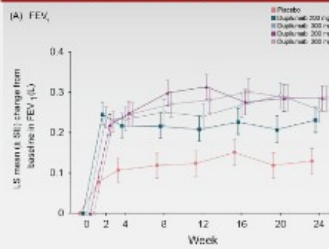
### What We Know

Regeneron/Sanofi's dupilumab (systemically administered anti-IL-4Ra antibody) has demonstrated the following:

#### Reduction in biomarker (FeNO\*)



#### Improved lung function



#### Exacerbation Reduction

&

#### Steroid Sparing

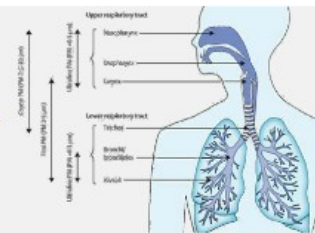
67%  
reduction in  
high-eosinophil  
patients

80%  
avg. reduction  
in corticosteroid  
use

\*Fractional exhaled nitric oxide

### What We Are Testing

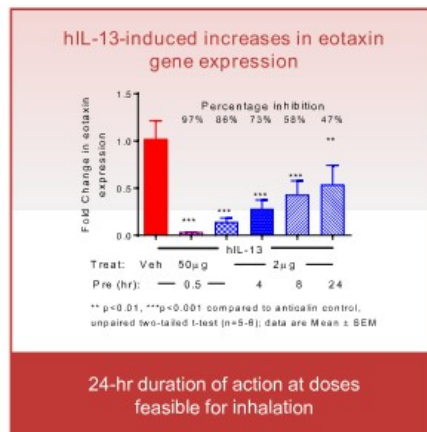
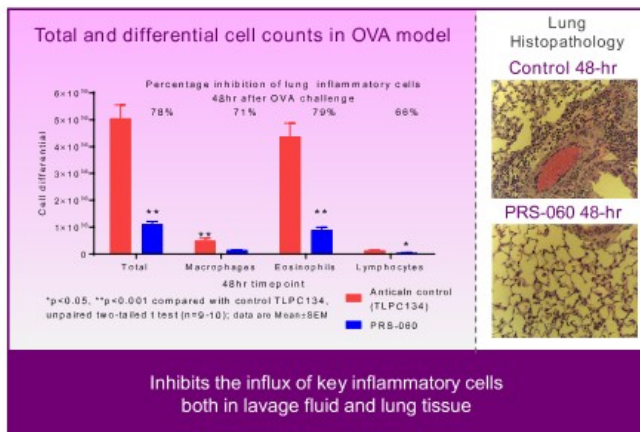
- Is this a local phenomenon?
- First-in-man study underway via inhaled delivery





# Preclinical In Vivo PoC Supports Clinical Development

- First inhaled Anticalin protein to potently engage the highly validated asthma target, IL-4Ra
- Localized target engagement in lung tissue supports a rationale for a convenient, low-dose, low-cost alternative to systemically administered antibodies
- Preclinical in vivo PoC for pulmonary delivery at doses supportive of daily administration





## Single Ascending Dose

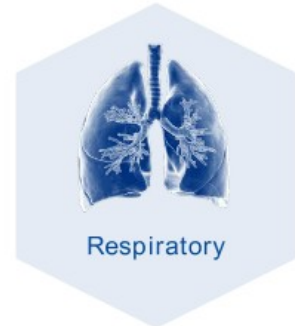
- Healthy volunteers
- Initiated in December 2017
- Oral inhalation phase completed  
IV infusion arm (to study PK) ongoing
- Initial data by year end of 2018

## Multiple Ascending Dose

- Dosing patients with mild asthma,  
elevated FeNO at baseline
- Initiated in July 2018
- Evaluating safety, tolerability, PK,  
PD and will also evaluate FeNO  
reduction vs. placebo
- Pieris is sponsoring the trial,  
AstraZeneca is reimbursing Pieris  
for all associated costs

## Pieris Investment Opportunity

- Validation through three anchor partnerships
  - \$120+M in upfront payments and milestones since January 2017
  - Each partnership includes co-development & US-focused commercialization rights
- Near-term, clinical-based inflection points
  - IO: wholly owned bispecific 4-1BB agonist (PRS-343)
  - Respiratory: co-developed (AstraZeneca) inhaled IL4Ra antagonist (PRS-060)
  - Anemia: non-core asset targeting hepcidin (partnered in JP) with additional drug class validation and licensing revenue potential
- Significant capital to bridge through near-term clinical datasets
- Partnerships and pipeline supported by IND engine yielding several drug candidates with excellent drug-like properties





Pieris Pharmaceuticals, Inc.

Corporate HQ: 255 State Street, 9th Floor, Boston, MA 02109, USA

R&D Hub: Freising, Germany (Munich)



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[www.pieris.com](http://www.pieris.com)

# APPENDIX



# Scientific and Clinical Advisory Boards

## SCIENTIFIC ADVISORY BOARD: ONCOLOGY

- E. John Werry, PhD  
University of Pennsylvania
- Vijay Kuchroo DVM, PhD  
Harvard Medical School
- Michael Curran, PhD  
MD Anderson Cancer Center
- Dario Vignali, PhD  
University of Pittsburgh
- Padmanee Sharma, PhD  
MD Anderson Cancer Center

## SCIENTIFIC ADVISORY BOARD: RESPIRATORY

- Gary Anderson, PhD  
University of Melbourne
- Peter Barnes, FRS  
Imperial College
- Bruce Levy, MD  
Harvard University, Brigham and  
Women's Hospital
- David Schwartz, MD  
University of Colorado, Denver
- Fan Chung, MD, DSc  
Imperial College
- Ian Adcock, PhD  
Imperial College
- Oliver Eickelberg, MD  
University of Denver
- Sally Wenzel, MD  
University of Pittsburgh Medical  
Center

## CLINICAL ADVISORY BOARD: ONCOLOGY

- Sandra Swain, MD  
Georgetown University Cancer Center
- Noah Hahnm, MD  
Johns Hopkins University School of  
Medicine
- David Ilson, MD, PhD  
Memorial Sloan-Kettering Cancer  
Center, Weill Cornell Medical College
- Funda Eric-Bernstam, MD, PhD  
Institute for Personalized Cancer  
Therapy, MD Anderson Cancer  
Center
- Mario Sznoi, MD  
Yale University



