FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average b	urden							

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP 0.5 hours per response: 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 Symbol PIERIS PHARMACEUTICALS, INC. [PIRS							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
<u>DEPTULA-HICKS DARLENE M</u>					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								Director			10% Ow	ner	
(1 4)	(5)	4)	(A 4: -1 -1 -)		J									X Officer below)	(give title		Other (s below)	pecify
(Last) (First) (Middle)					3 D:	ate of	f Earlinet	Tranc	action (Mon	th/D	av/Voar)			Sr. V	√ice Presi	ident	and CFO	
C/O PIERIS PHARMACEUTICALS, INC.				3. Date of Earliest Transaction (Month/Day/Year) 09/01/2015														
LISE-MEITNER-STRASSE 30																		
(Street)					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
FREISIN	IG-												- 1	,	led by One	Reno	rting Person	
WEIHENSTEPHAN 2M 85354													_	led by More		One Report		
(City)	(S	ate)	(Zip)															
		Ta	ble I - Non	-Deriva	tive	Sec	curities	s Ac	quired, D	Disp	osed o	f, or Be	neficiall	y Owned				
1. Title of Security (Instr. 3) 2. Trans				2. Transa	action 2A. Deemed 3. 4. Securities Acquired (A)													
, , , , D			Date (Month/Da	Month/Day/Year) Execution Da if any (Month/Day/Y				Code (Ins				str. 3, 4 and	5) Securities Beneficia Owned Fe	ally (D) o		or Indirect	Indirect Beneficial Ownership	
			cy/ I cu			., 0,		100			- Reported	Reported Transaction(s)			Instr. 4)			
								Code	V	Amount (A) or (D)		Price	(Instr. 3 a					
			Table II - I						uired, Di		,		,	Owned				
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)	Cod	, Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisa Expiration Date (Month/Day/Yea		of Securities		ties ng e Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Cod	le V	,	(A)	(D)	Date Exercisable		xpiration ate	Title	Amount or Number of Shares		(Instr. 4)			
Common Stock	\$2.8	09/01/2015		A			450,000		(1)	09	9/01/2025	Common Stock	450,000	\$0.00	450,00	00	D	

Explanation of Responses:

1. The option vested as to 6.25% of the shares on September 1, 2015 and vests as to the remaining 93.75% of the shares in equal installments on a quarterly basis beginning on December 31, 2015. The option is subject to certain restrictions on exercise until the Company's shareholders have approved an increase in the number of shares of common stock authorized under the Company's 2014 Employee, Director and Consultant Equity Plan (or successor plan) and if such shareholder approval is not obtained on or prior to September 30, 2016, the option will be cancelled and be of no further effect.

Remarks:

/s/ Marc D. Mantell

09/03/2015

** 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 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.