FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours per response:	0.5								

Section obligat	this box if no long 16. Form 4 or ions may continued the state of the		STAT		d purs	suant	to Section	n 16(a	of the Se	curiti	ies Exchan	ige Act	t of 193		SHIP	Estim		er: verage burde sponse:	3235-0287 en 0.5
1. Name and Address of Reporting Person*  KIRITSY CHRISTOPHER P						2. Issuer Name and Ticker or Trading Symbol PIERIS PHARMACEUTICALS, INC. PIRS ]								(Ch	eck all applic	Director 10% CO			
(Last) (First) (Middle) C/O PIERIS PHARMACEUTICALS, INC. 255 STATE STREET, 9TH FLOOR					06	3. Date of Earliest Transaction (Month/Day/Year) 06/23/2020													
(Street) BOSTOI			02109 (Zip)												Individual or Joint/Group Filing (Check Applicable ne)  X Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tak	le I - Non-	-Deriv	ativ	e Se	curities	s Ac	quired,	Dis	posed o	f, or	Bene	eficiall	y Owned				
1. Title of Security (Instr. 3)  2. Transa Date (Month/D						Execution Date,		Transaction Disposed Code (Instr. 5)		rities Acquired (A) ad Of (D) (Instr. 3,			Securitie Beneficia	urities For eficially (D) ned Following (I) (		vnership i: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount		(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				(IIISU. 4)
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any						ransaction of Eode (Instr. Derivative (			Expiration	5. Date Exercisable and Expiration Date Month/Day/Year)			7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	derivative Securities Beneficia Owned Following Reported	ecurities eneficially wned ollowing eported ransaction(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	1	or Number of Shares					

(1)

## **Explanation of Responses:**

\$3.27

1. The stock option will vest as to 100% of the underlying shares on June 23, 2021, subject to the Reporting Person's continued service as a director through the vesting date.

40,000

## Remarks:

Stock Option

(right to

buy)

/s/ Marc D. Mantell, Attorneyin-fact

40,000

\$0.00

Common

Stock

06/23/2030

06/23/2020

40,000

D

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $^{\star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

06/23/2020

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

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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.