FORM 4

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

OMB APPROVAL						
OMB Number:	3235-0287					
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nours per response	0.5					

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 OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(Print or Ty	pe Response	es)													
1. Name and Address of Reporting Person *- Khuong Chau Quang			2. Issuer Name and Ticker or Trading Symbol PIERIS PHARMACEUTICALS, INC. [PIRS]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner						
(Last) (First) (Middle) C/O PIERIS PHARMACEUTICALS, INC., 255 STATE STREET, 9TH FLOOR			DIG OFF	3. Date of Earliest Transaction (Month/Day/Year) 10/25/2017						Officer (give title below) Other (specify below)					
(Street) BOSTON, MA 02109				4. If Amendment, Date Original Filed(Month/Day/Year)					_X_	6. Individual or Joint/Group Filing(Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
	(City) (State) (Zip)				Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								ed		
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr	(A (In	Securities Acq A) or Disposed Instr. 3, 4 and 5	of (D) Owned Follo		/		wnership of orm: Be	eneficial wnership			
Reminder:								s who respor ed in this for					SEC 147	74 (9-02)	
Reminder:							contain form dis juired, Dispo	ed in this for splays a curr sed of, or Ben	m are no ently vali	t required id OMB co	l to respo	nd unless the		74 (9-02)	
1. Title of	Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transac Code	tion of Deri Secu Acq (A) Disp of (I (Inst	wative rities nired or osed 0) r. 3, 4,	contain form dis juired, Dispo	ed in this for splays a curresed of, or Ben- envertible securous and late	m are no ently vali	t required id OMB co wned and of ng s	8. Price of	nd unless the	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indirect Beneficial	
1. Title of Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if	4. Transac Code	5. N tion of Deri Secu Acq (A) Disp of (I	umber vative rities aired or osed 0) r. 3, 4,	contain form dis quired, Dispo s, options, con 6. Date Exer Expiration D	ed in this for splays a curresed of, or Ben- envertible securous and late	eficially Orities) 7. Title at Amount of Underlying Securities	t required id OMB co wned and of ng s	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s)	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indirec Beneficia Ownershi	

Reporting Owners

Reporting Owner Name / Address	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Khuong Chau Quang C/O PIERIS PHARMACEUTICALS, INC. 255 STATE STREET, 9TH FLOOR BOSTON, MA 02109	X	X				

Signatures



Explanation of Responses:

- * 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).
- (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.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.