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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden 0.5 hours per response..

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 Type Responses) 1. Name and Address of Reporting Person * Barbier Ann				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 10% Owner					
C/O PIEF	(Last) (First) (Middle) C/O PIERIS PHARMACEUTICALS, INC., 255 STATE STREET, 9TH FLOOR				3. Date of Earliest Transaction (Month/Day/Year) 04/25/2018								e title below)		% Owner ner (specify bel	ow)
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) X_Form filed by One Reporting Person Form filed by More than One Reporting Person						
	BOSTON, MA 02109 (City) (State) (Zip)				Table I - Non-Derivative Securities Acqui											
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		ned n Date, i	3. Tod (Inst	ansactio	n 4. S	. Securities Acquire A) or Disposed of (Instr. 3, 4 and 5)		ired 5. Amount of Owned Follor Transaction(s		Securities Beneficially wing Reported		6. Ownership Form:	Beneficial	
				(Month/Day/Y			ode '	V Am	nount (A) o	r Price	`	Instr. 3 and 4)			Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
							co foi quired,	ntaine rm dis Dispos	plays a cu ed of, or Be	rrently neficiall	not r valid	OMB c	l to respo	nd unless t		1474 (9-02)
Derivative Security	Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transact	5. Notion of Der According (A) Dis (D)	arran Jumbe ivative urities juired or posed	quired, ss, option 6. Da Expir (Mon	ntaine rm dis Dispos ns, con	plays a cu ed of, or Be vertible sec reisable and Date	neficiall urities) 7. Tit Amou Unde Secur	e not revalid ly Own le and unt of rlying	required OMB conned	I to respondent on trol number of 8. Price of	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction	of 10. Owners Form of Derivati Security Direct (or Indirects)	11. Nation of Indirection of Indirec
1. Title of Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transact	tion of Der Sec (A) Dis (D) (Ins and	arran Jumbe ivative urities juired or posed ttr. 3, 4	quired, s, option 6. Da Expir (Mon	ntaine rm dis Dispos ns, con nte Exer ration I	plays a cu ed of, or Be vertible sec retiable and Date //Year)	neficiall urities) 7. Tit Amou Unde Secur	e not revalid by Own le and unt of rlying rities	required OMB conned	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	of 10. Owners Form of Derivati Security Direct (or Indire	11. Nation of Indirection of Indirec

Reporting Owner Name / Address	Relationships					
Teoporemg o wher I wante / I wante of	Director	10% Owner	Officer	Other		
Barbier Ann C/O PIERIS PHARMACEUTICALS, INC. 255 STATE STREET, 9TH FLOOR BOSTON, MA 02109	X					

Signatures

/s/ Marc D. Mantell, Esq, Attorney-in-Fact	04/26/2018
**Signature of Reporting Person	Date

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 stock option will vest in four equal quarterly installments on each of June 30, 2018, September 30, 2018, December 31, 2018 and March 31, 2019, subject to the Reporting Person's continued service as a director.

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.