FORM 4

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

OMB APPROVAL					
DMB Number:	3235-0287				
Estimated average burden					
ours per respon	se 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

	pe Response													
Name and Address of Reporting Person * KIRITSY CHRISTOPHER P				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						
(Last) (First) (Middle) C/O PIERIS PHARMACEUTICALS, INC., 255 STATE STREET, 9TH FLOOR				3. Date of Earliest Transaction (Month/Day/Year) 09/14/2018					r (give title belo	ow)	Other (specify b	pelow)		
(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	I, MA 0210	09									d by Wore than	One Reporting	1 CISOII	
(City))	(State)	(Zip)	Tal	ble I - No	n-Der	ivative S	ecuriti	es Acqu	ired, Disp	osed of, or	Beneficially	Owned	
(Instr. 3) Da		Date (Month/Day/Year)		Code (Instr. 8)		on 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		d of (D)	Beneficially Owned Following Reported Transaction(s)			6. Ownership Form:	Beneficial	
				(Month/Day/Year)	Code	V	Amount	(A) or (D)	Price	or India (I)		or Indirect	Ownership (Instr. 4)	
Common	Stock		09/14/2018		P		5,000		\$ 5.105	10,000			D	
Reminder: indirectly.	Report on a	separate line f	or each class of secu	urities beneficially	owned dia	Pers	sons wh					nformation		EC 1474 (9-
						the	form dis	splays	a curre	ently valid	d OMB cor	espond un ntrol numb		02)
				Derivative Securiti <i>e.g.</i> , puts, calls, wa							l			
Security (Instr. 3)	Conversion	3. Transactio Date (Month/Day/	Year) Execution Da	4. Transaction Code (Instr. 8)		and (Moss)	Expirationth/Day	on Date /Year) Expirat	e Am Und Sec (Ins 4)	Amount or e Number		9. Number Derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4)	Ownersh Form of Derivati Security Direct (l or Indire	Ownersh (Instr. 4) (Instr. 4)
				Code V	(A) (D		ercisable	Date		of Shares				

Reporting Owners

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

Signatures

/s/ Marc D. Mantell, Attorney-in-fact	09/17/2018
**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).
- The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$5.05 to \$5.15, inclusive. The (1) Reporting Person undertakes to provide the Issuer, any security holder of the Issuer or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the range set forth in this footnote.

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.