# FORM 4

Instruction 1(b).

# Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See*

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

| OMB APPROVAL             |           |  |  |  |  |
|--------------------------|-----------|--|--|--|--|
| OMB Number:              | 3235-0287 |  |  |  |  |
| Estimated average burden |           |  |  |  |  |
| hours por rosponso       | 0.5       |  |  |  |  |

#### 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 Kesponse   | **)                                 |   |   |  |  |  |  |  |   |   |   |   |  |
|---|---|-------------------------------------|---|---|--|--|--|--|--|---|---|---|---|--|
| 1. Name and Address of Reporting Person *- Kiener Peter A                             |   |                                     |   | 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)<br>C/O PIERIS PHARMACEUTICALS, 255 STATE<br>STREET, 9TH FLOOR |   |                                     |   | 3. Date of Earliest Transaction (Month/Day/Year) 10/24/2018                     |  |  |  |  |  | re title below)   |   | r (specify below)   | )   |  |
| (Street)  |   |                                     |   | 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 |   |   |   |  |
|   | N, MA 021   |                                     |   |   |  |  |  |  |  | r orm med by  | wore than one   | Reporting Ferson  |   |  |
| (City   | y)  | (State)                             | (Zip)                                   |   | T  | able I -                                     | Non-Deriva   | tive Securities  | s Acquired   | l, Disposed   | l of, or Ben  | eficially Own   | ed  |  |
| 1.Title of Security 2. Transaction Date (Month/Day/Year                               |   |                                     |   | Code (A)<br>(Instr. 8) (In  |  |  |  | Owned Following Repor<br>Transaction(s)  |  | ed C  | Ownership of<br>Form:   | eneficial   |   |  |
|   |   |                                     |   | (Month/Day/Yea  |  | Code   | e V Ar   | (A) or (D)   | Price  | str. 3 and 4  | )   | (   | Direct (D) Or Indirect (I) (Instr. 4)                             | wnership<br>nstr. 4)                                 |
| Reminder:   |   |                                     |   |   |  |  | Persons  |  |  |   |   |   |   | 74 (9-02)  |
| Reminder:   |   |                                     |   |   |  |  | containe<br>form dis   | ed in this for<br>splays a curr<br>sed of, or Ben                                      | rm are not<br>rently vali<br>eficially O   | t required<br>d OMB co  | to respon   | nd unless th  |   | 7. (3 02)  |
| 1. Title of   | Conversion  | 3. Transaction Date (Month/Day/Year | 3A. Deemed<br>Execution Date, if        | 4.<br>Transac<br>Code   | 5. N<br>tion of<br>Deri<br>Secu<br>Acq<br>(A) o<br>Disp<br>(D) | vative urities uired or cosed of ar. 3, 4,   | form dis   | ed in this for splays a curred of, or Benevertible securicisable and Date              | rm are not<br>rently vali<br>eficially O   | t required<br>d OMB co<br>wned<br>ad<br>of  | to respondent on trol numbers of the second | nd unless th  | To. Ownership Form of Derivative Security: Direct (D) or Indirect | 11. Nature of Indirect Beneficial Ownersh (Instr. 4) |
| 1. Title of<br>Derivative<br>Security   | Conversion<br>or Exercise<br>Price of<br>Derivative | Date                                | 3A. Deemed<br>Execution Date, if<br>any | 4.<br>Transac<br>Code   | tion of Deri Secu Acquarta (A) of Disp (D) (Inst               | vative urities uired or oosed of r. 3, 4, 5) | contained form district, Disposoptions, con 6. Date Exe Expiration 1 | ed in this for splays a curresed of, or Benevertible secures reisable and Date y/Year) | rm are not<br>rently vali<br>eficially Or<br>rities)  7. Title an<br>Amount o<br>Underlyin<br>Securities | t required<br>d OMB co<br>wned<br>ad<br>of  | 8. Price of<br>Derivative<br>Security   | 9. Number of<br>Derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s | To. Ownership Form of Derivative Security: Direct (D) or Indirect | 11. Nature of Indire Beneficial Ownersh (Instr. 4)   |

### **Reporting Owners**

| Reporting Owner Name / Address  | Relationships |           |         |       |  |  |
|---|---------------|-----------|---------|-------|--|--|
| reporting owner runner runners  | Director      | 10% Owner | Officer | Other |  |  |
| Kiener Peter A<br>C/O PIERIS PHARMACEUTICALS<br>255 STATE STREET, 9TH FLOOR<br>BOSTON, MA 02109 | X             |           |         |       |  |  |

## **Signatures**

| /s/ Marc D. Mantell, Esq, Attorney-in-Fact | 10/25/2018 |
|--|------------|
| **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 as to 100% of the underlying shares on October 24, 2019, subject to the Reporting Person's continued service as a director through the vesting date.

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.