FORM 4

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

OMB APPROVAL				
MB Number:	3235-0287			
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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)													
I. Name and Address of Reporting Person * BIZZARI JEAN-PIERRE (Last) (First) (Middle) C/O PIERIS PHARMACEUTICALS, INC., 255 STATE STREET, 9TH FLOOR			Issuer Name and Ticker or Trading Symbol PIERIS PHARMACEUTICALS, INC. [PIRS] Date of Earliest Transaction (Month/Day/Year) 01/25/2019						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director						
(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						
BOSTON	N, MA 0210	(State)	(Zip)												
, ,	•								tive Securities		•				
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Ye:		any	n Date.	d 3. T Date, if Cod		(A	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)				ed C	Ownership of	Nature Indirect eneficial
				(Month/E	Day/Ye	ar)			(A) or	(Ins	(Instr. 3 and 4)		o	Direct (D) Ov r Indirect (In	wnership nstr. 4)
						(Code	V Ar	nount (D)	Price			(Instr. 4)	
Reminder:	Report on a							Persons							74 (9-02)
	•		. (e.g., puts,	calls,	warra	nts, o	containe form dis red, Dispos options, con	ed in this for splays a curr sed of, or Ben vertible secu	m are no ently vali eficially O rities)	ot required id OMB co owned	to respo	nd unless th	ie	, ,
1. Title of	2. Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transact	, calls, 5. tion of D D So A (A (D)	warra Numb	er (er (free free free free free free fr	containe form dis red, Dispos options, con	ed in this for splays a curred of, or Bendays reisable and Date	m are no ently vali	ot required id OMB co owned and of ng s	8. Price of	nd unless th	To. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indirec Beneficial Ownershi (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transact	, calls, 5. tion of D D So A (A (D)	Numb f erivative ecquired (A) or isposed (D) nstr. 3, nd 5)	nts, o er 1 1 1 1 1 1 1 1 1	containe form dis red, Dispos options, con 6. Date Exe Expiration 1	ed in this for plays a curresed of, or Benevertible securicisable and Date //Year)	rm are no rently vali eficially O rities) 7. Title an Amount o Underlyin Securities	ot required id OMB co owned and of ng s	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	To. Ownership Form of Derivative Security: Direct (D) or Indirect (S) (I)	11. Natur of Indirec Beneficia Ownershi (Instr. 4)

Reporting Owners

Reporting Owner Name / Address	Relationships					
reporting 6 where realized	Director	10% Owner	Officer	Other		
BIZZARI JEAN-PIERRE C/O PIERIS PHARMACEUTICALS, INC. 255 STATE STREET, 9TH FLOOR BOSTON, MA 02109	X					

Signatures

/s/ Marc D. Mantell, Attorney-in-fact	01/29/2019
**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 January 25, 2020, 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.