FORM	4
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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).

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

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#### 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

(Thin of Type Respons	(5)											
1. Name and Address of Reporting Person + 2. Issuer Name and Ticker or Trading Symbol   KIRITSY CHRISTOPHER P PIERIS PHARMACEUTICALS, INC. [PIRS]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner							
(Last) C/O PIERIS PHAR STATE STREET, 9		C DIC AFF	3. Date of Earliest Transaction (Month/Day/Year) 01/25/2019							ther (specify bel	ow)	
(Street) BOSTON, MA 02109			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			
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									
1.Title of Security		2. Transaction	2A. Deemed 3. Transaction 4. Securities Acquired 5. Amount of Securities Beneficially						6.	7. Nature		
(Instr. 3)		Date	Execution Date, if Code (A) or Disposed of (D)				of (D)	Owned Following Reported	Ownership	of Indirect		
		(Month/Day/Year)	) any (Instr. 8) (Instr. 3, 4 and 5)			Transaction(s)	Form:	Beneficial				
			(Month/Day/Year)						(Instr. 3 and 4)	Direct (D)	Ownership	
										or Indirect	(Instr. 4)	
							(A) or			(I)		
				Code	V	Amount	(D)	Price		(Instr. 4)		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information SEC 1474 (9-02) contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)															
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Number 6. Date Exercisable		rcisable and	7. Title and		8. Price of	9. Number of	10.	11. Nature	
Derivative	Conversion	Date	Execution Date, if	Transac	tion	of		Expiration Date		Amount of		Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		Derivati	ve	(Month/Day	/Year)	Underlying		Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8	)	Securitie	Securities		Securities (Instr. 5)		(Instr. 5)	Beneficially	Derivative	Ownership	
	Derivative					Acquire	d			(Instr. 3 and 4)			Owned	Security:	(Instr. 4)
	Security					(A) or							0	Direct (D)	
						Dispose	d of						1	or Indirect	
						(D)							Transaction(s)	· /	
						(Instr. 3,	, 4,						(Instr. 4)	(Instr. 4)	
						and 5)									
											Amount				
								Date	Expiration		or				
								Exercisable			Number				
				<b>a</b> 1	* *	( • >					of				
				Code	V	(A)	(D)				Shares				
Stock															
Option	0.0.74	01/05/2010				20.000			01/05/0000	Common Stock	20.000	<b>^</b> ^	20.000	D	
(right to	\$ 2.74	01/25/2019		А		20,000		<u>(1)</u>	01/25/2029	Stock	20,000	\$ 0	20,000	D	
buy)										Stook					
ouy)															

## **Reporting Owners**

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

## 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.