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 Ty	pe response													
	1. Name and Address of Reporting Person * Sherman Matthew L			2. Issuer Name and Ticker or Trading Symbol PIERIS PHARMACEUTICALS, INC. [PIRS]					ı	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) 01/25/2019							re title below)		er (specify below	w)	
(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	N, MA 021	09								_ Form filed by	More than One	Reporting Person		
(Cit	y)	(State)	(Zip)			Table I	- Non-Der	vative Securitie	s Acquire	ed, Disposed	l of, or Ben	eficially Ow	ned	
1.Title of S (Instr. 3)	Title of Security 2. Transaction Date (Month/Day/Year		Execution Date, if Code		:. 8)	4. Securities Acc (A) or Disposed (Instr. 3, 4 and 5) (A) or Amount (D)	of (D) Or Tr				Ownership Form:	Beneficial Ownership		
Reminder:								ined in this fo		ot required	d to respo	nd unless t	SEC 1	, ,
1. Title of Derivative	Conversion		3A. Deemed Execution Date, if	4. Transac	5. 1 tion of	v <b>arrant</b> Number	quired, Dis s, options, o 6. Date I Expiration	ined in this for displays a cur posed of, or Ber convertible secure exercisable and on Date	rently vaneficially (rities)  7. Title and Amount	ot required lid OMB co Owned and of	8. Price of Derivative	9. Number of Derivative	of 10. Ownersh	11. Natur
1. Title of	Conversion		3A. Deemed Execution Date, if	4. Transac Code	(A) (In:	varrant Number rivative curities quired or posed o	quired, Dis s, options, of 6. Date I Expiration (Month/I	ined in this fo displays a cur posed of, or Ber convertible secu exercisable and	rently vaneficially ( rities) 7. Title a	ot required lid OMB of Owned and of ing	8. Price of	nd unless to the number.  9. Number of	of 10. Ownersh Form of Derivativ Security: Direct (E or Indire	11. Natur of Indirec Beneficia Ownershi (Instr. 4)
1. Title of Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if	4. Transac Code	tion of Dec (A) Dis (D) (Instance)	varrant Number rivative curities quired or posed o	contatorm quired, Disse, options, of 6. Date Expiration (Month/limits)  Date Exercisa	ined in this for displays a cur posed of, or Ber convertible secure exercisable and on Date	rently va neficially ( rities)  7. Title a Amount Underly Securities	ot required lid OMB of Owned and of ing	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction	of 10. Ownersh Form of Derivativ Security: Direct (E or Indirect (s) (I)	11. Natur of Indirec Beneficia Ownershi (Instr. 4)

### **Reporting Owners**

Reporting Owner Name / Address	Relationships					
reporting o where realized	Director	10% Owner	Officer	Other		
Sherman Matthew L C/O PIERIS PHARMACEUTICALS, INC. 255 STATE STREET, 9TH FLOOR BOSTON, MA 02109	X					

# **Signatures**

/s/ Marc D. Mantell, Esq., 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.