# FORM 4

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

OMB APPR	OVAL
OMB 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

	pe Response													
Name and Address of Reporting Person * Said Maya R.			2. Issuer Name and Ticker or Trading Symbol PIERIS PHARMACEUTICALS, INC. [PIRS]				17	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) 01/25/2020					Officer (giv	e title below)	Oth	er (specify below)	)		
BOSTON, MA 02109			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 PersonForm filed by More than One Reporting Person						
(Cit	,	(State)	(Zip)	Table I - Non-Derivative Securities Acqu			es Acquired	lired, Disposed of, or Beneficially Owned						
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Ye		any	emed on Date, if /Day/Year	Code (Instr.	4. Securities Acq (A) or Disposed (Instr. 3, 4 and 5)		of (D) Own Train	mount of Securities Beneficially ned Following Reported issaction(s)		d	Ownership of Form:	'. Nature of Indirect Beneficial Ownership
				(Wolth)	Day/Tear,	Coo	de V	(A) or (D)	Price	(Instr. 3 and 4)			or Indirect (Instr. 4) (Instr. 4)	
Reminder:	Report on a s	separate line for each	class of securities	benencial	ny owneu o	incertiy								
Reminder:	Report on a s	separate line for each		Derivati	ive Securit	ies Acq	Person in this display	s who respon form are not r as a currently osed of, or Beno onvertible secur	equired to valid OMB eficially Ow	respond control r	unless the		ned SEC 14	474 (9-02)
1. Title of	2. Conversion	3. Transaction	Table II -  3A. Deemed Execution Date, if	Derivati (e.g., put 4. Transaci Code	ive Securit ts, calls, w 5. Nu of De Secur	ies Acq arrants mber rivative ities red (A) posed	Person in this display uired, Disp , options, co 6. Date Exc Expiration (Month/Da	s who responder are not read a currently osed of, or Bendervertible securer cisable and Date	equired to valid OMB eficially Ow	respond control r ned d Amount ing	unless the	9. Number o	of 10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur p of Indired Beneficia Ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction	Table II -  3A. Deemed Execution Date, if any	Derivati (e.g., put 4. Transaci Code	sive Securit ts, calls, w 5. Nu 5. Nu Secur Acqu or Dis of (D) (Instr.	ies Acq arrants mber rivative ities red (A) posed	Person in this display uired, Disp , options, co 6. Date Exc Expiration (Month/Da	s who respondered form are not respondered for the security of	equired to valid OMB eficially Ownities)  7. Title and of Underly Securities	respond control r ned d Amount ing	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	of 10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur p of Indire Beneficia Ownersh (Instr. 4)

### **Reporting Owners**

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

## **Signatures**

/s/ Marc D. Mantell, Attorney-in-Fact	01/28/2020
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, 2021, 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.