FORM 4

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

## **5** ,

| OMB APPROVAL        |          |  |  |  |  |  |  |  |  |
|---------------------|----------|--|--|--|--|--|--|--|--|
| OMB Number:         | 3235-028 |  |  |  |  |  |  |  |  |
| Estimated average h | urdon    |  |  |  |  |  |  |  |  |

0.5

hours per response:

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| Name and Address of Reporting Person*     HOTOPP THOMAS B  |   |  |   |                           |   | 2. Issuer Name <b>and</b> Ticker or Trading Symbol  MSA Safety Inc [ MSA ] |   |       |  |       |                      |   |                |   | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)   |                            |   |  |                                       |  |
|--|---|--|---|---------------------------|---|--|---|-------|--|-------|----------------------|---|----------------|---|---|----------------------------|---|--|---------------------------------------|--|
| 110101   | 1110  | VIII D                                     |   |                           |   |  |   |       |  |       |                      |   |                |   | ΧI  | Direct                     | tor   | 100  | % Owner                               |  |
| (Last) (First) (Middle) 1000 CRANBERRY WOODS DRIVE         |   |  |   |                           |   | 3. Date of Earliest Transaction (Month/Day/Year) 10/29/2015                |   |       |  |       |                      |   |                |   |   | Officer (give title below) |   | Other (specify below)  |                                       |  |
|  |   |  |   |                           |   |  |   |       |  |       |                      |   |                |   |   |                            |   |  |                                       |  |
| (Street)   | ERRY  |  |   |                           | 4. If                                   | 4. If Amendment, Date of Original Filed (Month/Day/Year)                   |   |       |  |       |                      |   |                | 6. Individual or Joint/Group Filing (Check Applicable Line) |   |                            |   |  |                                       |  |
| WOODS  |   | <b>A</b> 1                                 | 16066   |                           |   |  |   |       |  |       |                      |   |                |   | X Form filed by One Reporting Person                                      |                            |   |  |                                       |  |
| TOWNS  | HIP   |  |   |                           |   |  |   |       |  |       |                      |   |                |   | Form<br>Perso   |                            | e than One F  | teporting  |                                       |  |
| (City)   | (5  | State) (                                   | Zip)  |                           |   |  |   |       |  |       |                      |   |                |   |   |                            |   |  |                                       |  |
|  |   | Tabl                                       | le I - No   | n-Deriv                   | ative                                   | Sec  | uritie  | s Acc | quired   | , Dis | posed o              | f, o  | r Ben          | efici   | ally O  | wne                        | d   |  |                                       |  |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Da |   |  |   | Execut<br>ay/Year) if any |   | ecution<br>any   | Deemed<br>cution Date,<br>ly<br>nth/Day/Year) |       | Transaction Disposed Code (Instr.                  |       |                      | ies Acquired (A)<br>Of (D) (Instr. 3, 4   |                | id 5)   Se<br>B<br>O  | 5. Amount of<br>Securities<br>Beneficially<br>Owned Following<br>Reported |                            | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4)                               | of Indirect  |                                       |  |
|  |   |  |   |                           |   |  |   |       | Code   | v     | Amount               |   | (A) or<br>(D)  | Price   | Ti  | ansa                       | ction(s)<br>3 and 4)  |  | (1130.4)                              |  |
| Common Stock, no par value                                 |   |  | 10/29/2015  |                           |   |  |   | V     | 1,600 D  |       | D                    | \$0.0   | 000            | 35,694  |   | D                          |   |  |                                       |  |
|  |   | Та   |   |                           |   |  |   |       |  |       | osed of,<br>onvertib |   |                |   | y Owr   | ed                         |   |  |                                       |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)        | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |                           | 4.<br>Transaction<br>Code (Instr.<br>8) |  |   |       | 6. Date Exercis<br>Expiration Dat<br>(Month/Day/Ye |       | e                    | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Inst<br>and 4) |                | ı   | 8. Price<br>Derivat<br>Securit<br>(Instr. 5                               | ive<br>y<br>i)             | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4 | Beneficial<br>Ownership<br>(Instr. 4) |  |
|  |   |  |   |                           | Code                                    | v  | (A)   | (D)   | Date<br>Exercisa                                   | able  | Expiration<br>Date   | Title   | or<br>Nu<br>of | nount<br>mber<br>ares                                       |   |                            |   |  |                                       |  |

Explanation of Responses:

Douglas K. McClaine, Attorney in Fact

10/30/2015

\*\* Signature of Reporting Person

Date

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

- \* 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.