FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APE	PROVAL
OMB Number:	3235-0287
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0.5

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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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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1. Name and Address of Reporting Person* <u>Killeen Randall</u>						2. Issuer Name and Ticker or Trading Symbol MSA Safety Inc [MSA]									(Check	tionship of Reportir all applicable) Director Officer (give title		10% C		Owner
(Last) (First) (Middle) 1000 CRANBERRY WOODS DRIVE				3. Date of Earliest Transaction (Month/Day/Year) 03/08/2017										X	Officer (give title below) Chief Accounting Officer					
(Street) CRANBERRY WOODS PA 16066 TOWNSHIP (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Indiv Line) X	ridual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tabl	e I - No	n-Deriv	ative	Se	curitie	s Ac	quired,	Dis	posed o	f, o	r Be	nefic	ially	Owne	ed			
Date				te Exe onth/Day/Year) if a		2A. Deemed Execution Date, if any (Month/Day/Year)					4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			4 and 5) Sed Bed Ow		ount of ities icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amount	(A) or (D)		Price	•	Reported Transaction(s) (Instr. 3 and 4)				(111501.4)	
Common Stock, no par value 03/0					2017						1,153		A	\$0.	\$0.0000		9,429			
Common Stock, no par value 03/08					2017				F		56		D	\$7	\$70.1		9,373			
Common Stock, no par value 03/08/					2017				F		219	219 D		\$7	\$70.1		9,154			
Common Stock, no par value					/2017				F		364		D	\$70.1		8,790		D		
		Та									sed of, onvertib					vned				
1. Title of Derivative Security (Instr. 3)	ve Conversion or Exercise (Month/Day/Year) Price of Derivative Security Security Execution Date, if any (Month/Day/Year)		4. Transa Code (1 8)		5. Nu of Deriv Secu Acqu (A) o Disp of (D) (Instrand!	Expiration (Month/E	6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Date Expiration Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amount or Numbe of Shares		nt er		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owne Form: Direct or Ind (I) (Ins	(D) irect	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

Explanation of Responses:

<u>Douglas K. McClaine</u>, <u>Attorney in Fact</u>

03/10/2017

Date

** Signature of Reporting Person

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

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.

^{*} 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).