FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	VAL				
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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 or Section 30(h) of the Investment Company Act of 1940

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1. Name and Address of Reporting Person* RYAN JOHN T III						2. Issuer Name and Ticker or Trading Symbol MSA Safety Inc [MSA]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner					
(Last) (First) (Middle) 1000 CRANBERRY WOODS DRIVE						3. Date of Earliest Transaction (Month/Day/Year) 05/02/2017									Officer (give title Other (specify below)					
(Street) CRANBERRY WOODS PA 16066 TOWNSHIP					4. 1	f Amer	ndmer	nt, Date	of Orig	inal Fi	iled (Month/D		Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(S	itate)	(Zip)																	
		Та	ble I - I	Non-Deri	vativ	e Sec	uriti	ies A	cquire	ed, D	isposed o	of, or B	enefic	ially Own	ed					
Date			2. Transact Date (Month/Day		Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Disposed Of 5)			Acquired (D) (Instr.	(A) or 3, 4 and	Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount	(A) or (D)	Price	Reported Transaction (Instr. 3 a				(Instr.	4)	
Common	Stock, no	par value		05/02/2	017			M		4,854	A	\$21.7	1,018	1,018,655						
Common Stock, no par value				05/02/2017		,		M		3,715	A	\$29.3	3 1,022	1,022,370						
Common	Stock, no	par value		05/02/2	017				M		912	A	\$45.2	4 1,023	1,023,282					
Common Stock, no par value														120,	120,011		I		By Limited Partnership ⁽¹⁾	
Common Stock, no par value														288,	288,513		By Wife		Vife .	
Common Stock, no par value														11,0	00	I	I By Wife Trustee			
Common Stock, no par value													823,878		I Co-		Co-T	rustee ⁽²⁾		
			Table								sposed of				ŀ					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year	Execu if any	3A. Deemed Execution Date,		action (Instr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerc Expiration D (Month/Day/		cisable and	7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)		8. Price of Derivativ Security (Instr. 5)	deriv Secu Bene Own Follo Repo	wing orted saction(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amou or Numb of Share	per						
Non- statutory Stock Option	\$45.24	05/02/2017			M			912	02/26	/2011	011 02/26/2018 Common Stock, no par value 912 \$45.24		(0.0000 Е)				
Non- statutory Stock Option	\$29.33	05/02/2017		M				3,715	5 05/14/2013 05/14/20		05/14/2020	Common Stock, no par value	3,71	.5 \$29.33	(0.0000		D		
Non- statutory Stock Option	atutory \$21.71 05/02/2017			M	М		4,854	05/15/201		05/15/2019	Common Stock, no par value	4,85	354 \$21.71 0.0000		0.0000	D				
	n of Respon	505.																		

- 1. Family limited partnership in which I am a general partner and in which I and members of my immediate family are owners of pecuniary interests.
- 2. Shares held in trusts of which I am a trustee and in which I and members of my immediate family are among the beneficiaries.

Douglas K. McClaine, **Attorney in Fact**

05/04/2017

** 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.	