FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

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ngton, D.C. 20549	OMB APPROVA

· ·	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	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).

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

1. Name and Address of Reporting Person* PEARSE DIANE M						2. Issuer Name <b>and</b> Ticker or Trading Symbol  MSA Safety Inc [ MSA ]										all app		10	% Owner	
(Last) (First) (Middle) 1000 CRANBERRY WOODS DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 05/18/2018										Officer (give title below)			Other (specify below)		
(Street) CRANBERRY WOODS PA 16066 TOWNSHIP (City) (State) (Zip)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									. Indivi ine) X	′				
		Tabl	e I - No	n-Deriv	ative	Sec	uritie	s Ac	quired	, Dis	posed o	f, or	Ben	efici	ally (	Owne	ed			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day						Execution						ies Acquired (A) o Of (D) (Instr. 3, 4			4 and 5) Sec Ber Ow		cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indi ct Benefi Owner	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A (D	A) or D)	Price		Reported Transaction(s) (Instr. 3 and 4)			(iiisti.	(Instr. 4)
Common Stock, no par value 05/18/2						2018		A		1,317 A		A	\$0.0	000	25,704		D			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)				6. Date I Expirati (Month/I	on Dat	e Amou ar) Securi Under Deriva		itle and ount of urities derlying ivative urity (Instr. 3 4)		8. Price of Derivativ Security (Instr. 5)			Ownersh Form: Direct (D or Indirec (I) (Instr.	Benef Owne ct (Instr.	irect ficial rship
				Cod	Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	or Nu of	ount mber ares						

**Explanation of Responses:** 

Douglas K. McClaine, **Attorney in Fact** \*\* Signature of Reporting Person

05/21/2018

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.