FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* Blanco Steven C. Sr. (Last) (First) (Middle) 1000 CRANBERRY WOODS DRIVE (Street) CRANBERRY WOODS PA 16066 TOWNSHIP (City) (State) (Zip)						2. Issuer Name and Ticker or Trading Symbol MSA Safety Inc [MSA] 3. Date of Earliest Transaction (Month/Day/Year) 03/08/2016 4. If Amendment, Date of Original Filed (Month/Day/Year)										5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below)) Vice President 5. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					wner (specify pplicable
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day						Execution Date,				3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4				and 5) Securi Benefi Owner		cially d Following	Form:	nership : Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership
										Code	v	Amount	(A (E	A) or D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock, no par value 03/08/2							016			A		1,074		A	\$0.0000		13,135			D	
Common Stock, no par value 03/08/2						.016				F		339		D	\$45.18		12,796			D	
Common Stock, no par value 03/08/2						2016				F		508	D \$4		\$45	12,28		2,288	2,288 D		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)		(e.g., puned n Date,		alls	5. Nan of Der Sec Acc (A) Dis	lumber (ivative curities quired or posed		option	S, C	onvertib sable and e	or Beneficiale securitie 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		ities)	8. Pr	ice of vative urity	9. Number of derivative Securities Beneficially Owned Following Reported	Ov Fo Dii or (I)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(Ins				Date Expiration Exercisable Date				mount imber nares			Transaction((Instr. 4)	(s)		

Explanation of Responses:

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

03/10/2016

** 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.