FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

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

Washington, [	D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number: 3235-0287									
Estimated average burden									
hours per response:									

	ction 1(b).			Filed						ties Exchang mpany Act o		1934		nours	per res	sponse:	0.5
1. Name and Address of Reporting Person* <u>Buck Jonathan D.</u>			2. Issuer Name and Ticker or Trading Symbol MSA Safety Inc [ MSA ]							Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director 10% Owner							
(Last)	•	rst) (I	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 02/20/2024						A belo	Officer (give title below)  Chief Acco		Other (s below) g Officer	specify		
(Street) CRANBERRY WOODS PA 16066 TOWNSHIP				4. If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person						
(City)		ate) (2	Zip)		Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.								nded to				
			I - No					<del>-</del>	I, Dis	posed of			-				
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day				Execution Da		ution Date,	3. Transa Code 8)			es Acquired (A) Of (D) (Instr. 3, 4		d Secur Benef Owne	curities eneficially vned Following		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	(A) or (D)	Price	Trans	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)
Common Stock, no par value 02/20/2				024		A		465	A	\$0.00	000	,866 D		D			
		Tal	ble II -							osed of, convertib				d			
1. Title of Derivative Security (Instr. 3)	ivative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8) S. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y G	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
					Code	v	(A) (D)	Date Exerci	isable	Expiration Date	Q   N   O	amount or lumber of shares					

**Explanation of Responses:** 

Richard W. Roda, Attorney in

**Fact** 

\*\* Signature of Reporting Person Date

02/22/2024

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

- $^{\star}$  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.