## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

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

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*  Weber Markus H  (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)									6	X X	Vice President  Individual or Joint/Group Filing (Check Applicable ne)				
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transact Date (Month/Day					ction	tion 2A. Deemed Execution Date,			3. Transa Code (I 8)	4. Securit Disposed (Instr.		ies Acquired (A) Of (D) (Instr. 3, 4		(A) or 3, 4 ar	5. Am Secur Benef Owne Repor		nount of 6 rities F ficially (I		Ownership m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock, no par value 03/08/2 Common Stock, no par value 03/08/2									A F	V	769 243	)   		\$0.0 \$45	0000	(Instr. 3 and 4) 15,089			D D		
Common Stock, no par value 03/08/2							2016		F		359	D \$4		\$45	5.18 1		14,487		D		
(e.g., pu  1. Title of Derivative Security  1. Title of Derivative Security  (month/Day/Year)  (e.g., pu  3. Transaction Date (Month/Day/Year)  (month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)				uts, c 4. Transa	nsaction de (Instr. Sacquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			nber tive ties red sed 3, 4	pate Expiration Date Expiration Date Exercisable Expiration Date					nstr. 3	8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

**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.

- $^{\star}$  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.