SEC Form 4	
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### 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

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

OMB APF	PROVAL
IB Number	3235-028

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			2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>MSA Safety Inc</u> [ MSA ]		tionship of Reporting all applicable) Director	n(s) to Issuer 10% Owner	
			3. Date of Earliest Transaction (Month/Day/Year) 03/14/2017		Officer (give title below)		Other (specify below)
(Street) CRANBERRY WOODS TOWNSHIP	РА	16066	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line) X	idual or Joint/Group F Form filed by One I Form filed by More Person	Report	ing Person
(City)	(State)	(Zip)					

#### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution Date, Transaction Disposed Of (D) (Instr. 3, 4			5. Amount of Securities 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(s) (Instr. 3 and 4)		(Instr. 4)
Common Stock, no par value	03/14/2017		G	v	17,194	D	\$0.0000	1,014,785	D	
Common Stock, no par value	03/16/2017		G	v	415	D	\$0.0000	1,014,370	D	
Common Stock, no par value	03/20/2017		G	v	569	D	\$0.0000	1,013,801	D	
Common Stock, no par value	03/21/2017		G	v	2,692	D	\$0.0000	312,253	Ι	By Wife <sup>(1)</sup>
Common Stock, no par value	03/28/2017		G	v	9,873	D	\$0.0000	302,380	Ι	By Wife <sup>(1)</sup>
Common Stock, no par value								120,011	Ι	By Limited Partnership <sup>(2)</sup>
Common Stock, no par value								11,000	I	By Wife as Trustee <sup>(3)</sup>
Common Stock, no par value								836,578	I	Co-Trustee <sup>(4)</sup>

# 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. Transa Code ( 8)		of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerc Expiration Da (Month/Day/Y	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v			Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

1. I disclaim beneficial ownership of these shares.

2. Family limited partnership in which I am a general partner and in which I and members of my immediate family are among the beneficiaries.

3. Shares held in trusts of which I am not a trustee and in which members of my immediate family are beneficiaries. I disclaim beneficial ownership of these shares.

4. 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

03/29/2017

\*\* Signature of Reporting Person Date

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

 $^{\ast}$  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.