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	STATEMENT OF CHANGES IN BENEFICIAL	OWNERSHIP
-blissting resulting		

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

U obligati	ons may contir ion 1(b).		I pursuant to Section 16(a) of the Securities Exchange Act of 1934									hour	hours per response: 0.5				
					or Se	ction 30(h) of the	Investm	ent Co	mpany Act	of 194	40						
1. Name and Address of Reporting Person*  BOVE KERRY M					2. Issuer Name <b>and</b> Ticker or Trading Symbol MSA Safety Inc [ MSA ]							Check all ap	plicable)	10% Owner		Owner	
(Last) (First) (Middle) 1000 CRANBERRY WOODS DRIVE				3. Date of Earliest Transaction (Month/Day/Year) 02/23/2018								X below) Senior Vice President					
(Street) CRANBERRY WOODS PA 16066 TOWNSHIP				4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(St	ate) (	Zip)														
		Tabl	e I - No	n-Deriv	ative S	Securities Ac	quirec	l, Dis	posed o	of, or	Ben	efici	ally Own	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da			Execution Date,		Transaction Disposed (			ties Acquired (A) o Of (D) (Instr. 3, 4 a			or and 5) Securities Beneficially Owned Folic Reported			Direct ndirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
						Code	v	Amount		A) or D)	Price	Trans	action(s) 3 and 4)			(111341.4)	
Common Stock, no par value 02/23/2				/2018		A		2,214		Α	\$0.0	000 5	54,243		D		
		Та				curities Acqı Ils, warrants											
1. Title of Derivative Security  1. Title of Derivative Security  1. Title of Derivative Security  2. Conversion Date (Month/Day/Year)  3. Transaction Date (Execution Date if any (Month/Day/Year)		Date,	1. Transaction code (Instr. 3)  Solution code (Instr. 3)  Solution code (Instr. 3)  Solution code (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expirat	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. ) and 4)		J	8. Price of Derivative Security (Instr. 5)	perivative derivative security Securities		nership m: ect (D) ndirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

Date Exercisable

Expiration Date

**Explanation of Responses:** 

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

Amount or Number

of Shares

Title

02/26/2018 Date

\*\* Signature of Reporting Person

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.

Code

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.

(A) (D)