FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(h)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	VAL
OMB Number:	3235-0287
Estimated average burde	en
hours per response:	0.5
	OMB Number: Estimated average burde

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* RYAN JOHN T III					2. I M	2. Issuer Name and Ticker or Trading Symbol MINE SAFETY APPLIANCES CO [MSA]								S. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner Officer (also title) Other (specify)						
(Last) (First) (Middle) 121 GAMMA DRIVE RIDC INDUSTRIAL PARK							3. Date of Earliest Transaction (Month/Day/Year) 02/26/2008								X Officer (give title Other (specify below) Chairman & CEO					
(Street) PITTSBURGH PA 15238						4. If Amendment, Date of Original Filed (Month/Day/Year) 02/28/2008								Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(State)	(Zip)	D				- 4		-1 5		D								
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/				ion	on 2A. Dec Execut Year) if any		Deemed ution Date,		ction Instr.	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an 5)			5. Amount of Securities Beneficially Owned Following		6. Owner Form: Dir (D) or Ind (I) (Instr.	rect Ind lirect Ber 4) Ow	7. Nature of Indirect Beneficial Ownership			
										v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)		u. 4)		
Common Stock, no par value														1,521,889		1 I I		Co- istee ⁽¹⁾		
Common Stock, no par value													147,574		I	By Partnership ⁽²⁾				
Common Stock, no par value													352,51	7	I	Ву	Wife ⁽³⁾			
Common Stock, no par value													160,357				Wife as istee ⁽⁴⁾			
Common Stock, no par value														474,156		I	I Co-Trustee			
			Table I								posed of			y Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		if any	emed ion Date,	4. Transa Code (8)	ction	5. Number of		-	Exerc	isable and Amount of		nd of s ng re Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares							
Incentive Stock Option	\$49.76 ⁽⁶⁾	02/26/2008			A		2,210		02/26/2	2011	02/26/2013	Common Stock, no par value	2,210	\$49.76	2	2,210	D			

Explanation of Responses:

- 1. Shares held in a trust of which I am a Trustee and in which a member of my immediate family is the beneficiary. I disclaim beneficial ownership of these shares.
- 2. Shares held by a family limited partnership of which I am a general partner and the other partners include members of my immediate family. I disclaim beneficial ownership of these shares except to the extent of my pecuniary interest.
- 3. I disclaim beneficial ownership of these shares.
- 4. 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.
- 5. Shares held in trusts of which I am a trustee and in which I and members of my immediate family are among the beneficiaries.
- 6. This amendment is being filed to reflect the conversion price of \$49.76.

Remarks:

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

03/28/2008

** 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.