FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

washington, b.c. 20049

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									

0.5

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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

1. Name and Address of Reporting Person* RYAN JOHN T III							2. Issuer Name and Ticker or Trading Symbol MSA Safety Inc [MSA]									Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner Office of class title					
(Last) (First) (Middle) 1000 CRANBERRY WOODS DRIVE						3. Date of Earliest Transaction (Month/Day/Year) 03/09/2017									Office below	er (give t w)	itle		ner (sp low)	pecify	
(Street) CRANBERRY WOODS PA 16066 TOWNSHIP						Line) X F										al or Joint/Group Filing (Check Applicable form filed by One Reporting Person form filed by More than One Reporting Person					
(City) (State) (Zip)																					
		Tal	ole I	- Non-Deriv	ativ	e Sec	uritie	s Acc	uired	·				eficia	lly Owne	ed					
Diametric Control of Diametric Diame				2. Transaction Date (Month/Day/Yea	ar) E	2A. Deemed Execution Date if any (Month/Day/Yea		Code	4. Securities Acc Disposed Of (D)				d 5)	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
								Code	e v	Amo	ount	(A) or (D)	Price		Reported Transaction (Instr. 3 ar				(Instr.	4)	
Common Stock, no par value 03				03/09/2017	,			S		3	,829	D	\$69.6	169 ⁽¹⁾	136,2	211]		,	imited ership ⁽²⁾	
Common	03/10/2017	7			S		2	,200	D	\$69.0	\$69.0473(3)		134,011		By Limit Partnersh						
Common Stock, no par value 03/09/2017								S		2	,400	D	\$69.6169(1)		330,778]	I By		Vife ⁽⁴⁾	
Common Stock, no par value 03/10/201								S		1	,833	D	\$69.0473 ⁽³⁾		328,945		I		By W	Vife ⁽⁴⁾	
Common Stock, no par value 03/09/								S		5	,600	D	\$69.6169(1)		839,978		I		Co-T	rustee ⁽⁵⁾	
Common	03/10/2017			S			3	,400	D	\$69.0473 ⁽³⁾		836,578		I		Co-Trustee ⁽⁵⁾					
Common Stock, no par value					\perp										1,031	,979	I)			
Common Stock, no par value															11,0	00]	I	By W Trust	Vife as ee ⁽⁶⁾	
		٦	able	e II - Derivat (e.g., p											Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		Exe			action (Instr.		ative rities ired sed	Expirati /e (Month/l		exercisable and on Date Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)			9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		1. Nature f Indirect leneficial lownership nstr. 4)	
					Code	v	(A)	(D)	Date Exercis	able	Expirati Date	ion Tit	or Nur of	ount nber ires							

Explanation of Responses:

- 1. Share price on this transaction ranged from \$69.5 to \$70.03.
- 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. Share price on this transaction ranged from \$69 to \$69.25.
- 4. 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. 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.

<u>Douglas K. McClaine,</u> <u>Attorney in Fact</u> 03/13/2017

** 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.