FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APP | ROVAL |
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| OWNEDCLUD | OMB Number | 3235-0287 |

| OMB Number: | 3235-0287 |
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| Estimated average bu | ırden |
| hours ner resnonse: | 0.5 |

| Check this box if no longer subject to | ١ |
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| 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* LAMBERT WILLIAM M | | | | | | 2. Issuer Name and Ticker or Trading Symbol MSA Safety Inc [MSA] | | | | | | | | | tionship of Repor all applicable) Director | | g Pers | 10% C | wner |
|--|--|--|---------------|------------------------------------|--------|---|------------------|---|---|-----------------------|--------------------|------------------------------|---|--|--|---|---|--|----------|
| (Last) (First) (Middle) 1000 CRANBERRY WOODS DRIVE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/19/2018 | | | | | | | | | belov | Officer (give title below) X Othe below Non-executive Chairma | | | (specify |
| (Street) CRANBI WOODS TOWNSI (City) | PA HIP | | 16066 Zip) | | 4. 11 | f Amen | dment | , Date | of Origi | inal Fil | ed (Month/Da | ay/Year) | | 6. Indiv _ine) X | Forn | r Joint/Group n filed by One n filed by Mor on | e Repo | orting Pers | on |
| | | Tabl | e I - N | Non-Deriv | /ative | Sec | uritie | es Ac | quire | d, Di | sposed o | f, or E | Benefic | ially (| Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yo | | | | Execution Date, | | | | Acquired (A) or (D) (Instr. 3, 4 and | | d 5) Sed Bei Ow | | curities F neficially (I | | vnership n: Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | | Code | v | Amount | (A) or (D) | Price | | Trans | ransaction(s) nstr. 3 and 4) | | | (mourly) | | |
| Common Stock, no par value 06/19/201 | | | | 018 | .8 | | S ⁽¹⁾ | | 13,536 | D | \$94.85 | 3578(2) | | 68,647 | | D | | | |
| Common Stock, no par value | | | | | | | | | | | | | | 60,600 | | I | By Wife | | |
| | 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) | if any | eemed tion Date, h/Day/Year) | | Transaction of Code (Instr. Derivative | | | Expiration Date (Month/Day/Year) Amount of Securities Underlying Derivative Security (Instr. and 4) | | | it of ies ying iive | 8. Price of Derivative Security (Instr. 5) | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | |). wnership orm: irect (D) r Indirect i (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exerc | isable | Expiration Date | Title | Amount or Number of Shares | | | | | | |

Explanation of Responses:

- 1. This sale was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on March 14, 2018.
- 2. Share price on this transaction ranged from \$94.24 to \$95.08.

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

06/20/2018

** 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.