FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549	OMB APPROVAL				
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0287			
OTATEMENT OF OTHER DEVICE TOTAL OWNERS IN	Estimated average burden				

Check this box if no longer subject
to 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

OMB APPROVAL							
OMB Number: 3235-0287							
Estimated average burden							
hours per response	e: 0.5						

1. Name and Address of Reporting Person*  RYAN JOHN T III					2. Issuer Name and Ticker or Trading Symbol  MSA Safety Inc [ MSA ]										ationship of Reportii k all applicable) Director Officer (give title		ng Person(s) to Is 10% Ov Other (s		wner	
(Last) 1000 CR	`	rst) (I Y WOODS DRIV	Middle) VE		3. Date of Earliest Transaction (Month/Day/Year) 05/08/2020										below)		below)		Specify	
(Street) CRANB: WOODS TOWNS (City)	HIP		.6066 Zip)		4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)								5. Indi Line)	vidual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person					
	`			n-Deriva	tive \$	Secui	rities A	ca	uired	l, Dis	posed of	, or Be	enefic	cially	/ Own	ed				
1. Title of Security (Instr. 3) 2. Transac Date			2. Transact	on 2A. Deemed Execution Date,			,	3. 4. 9		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4			or 5. Amo Securit Benefic		unt of ies :ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Code	v	Amount	(A) or (D)	Price		Transa	ransaction(s) nstr. 3 and 4)			(111501. 4)			
Common Stock, no par value 05/0			05/08/2	020				G V		4,200	D	\$0.0	000	1,00	1,006,331		D			
Common Stock, no par value														24	6,951		I	By Wife		
Common Stock, no par value														734,641				Co- Trustee <sup>(1)</sup>		
		Tal	ble II								osed of, convertib				Owne	d				
1. Title of Derivative Security (Instr. 3)	rative Conversion Date Execution Date, if any				4. Transa Code ( 8)		5. Numb of Derivati Securiti Acquire (A) or Dispose of (D) (Instr. 3, and 5)	ve es d	6. Date Expira (Month	tion D	ate Ame Year) Sec Und Deri Sec		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Price of rivative curity str. 5)		у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A) (E	D)	Date Exerci	sable	Expiration Date		Amount or Number of Shares	1						

## **Explanation of Responses:**

1. Shares held in trusts of which I am a trustee and in which I and members of my immediate family are among the beneficiaries.

Stephanie L. Sciullo, Attorney

05/08/2020

\*\* 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.