## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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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

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

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*					2. Issuer Name and Ticker or Trading Symbol MINE SAFETY APPLIANCES CO [ MSA ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
RYAN.	JOHN T	<u>III</u>			MINE OF ETT THE EITHIGES CO						JA ]		Oirect	ctor	X 10% Owr		ner			
	(Fii IMA DRIV DUSTRIAI	E	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 12/30/2003							X Officer (give title below) Other (specify below)  Chairman & CEO					ecify		
					4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)						ĺ	6. Individual or Joint/Group Filing (Check Applicable							
(Street) PITTSBURGH 15238												Line)  X Form filed by One Reporting Person								
														Form filed by More than One Reporting Person					ing	
(City)	(St	ate) (	Zip)																	
		Tabl	e I - N						_	d, D	isposed o	-		_						
Da		Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, ar) if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 ar 5)		Securities Beneficially Owned Fol		y Form: I		Direct I Indirect E tr. 4)	Indirect Benefic Owners	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) or (D)	Price	1	Reported Fransaction Instr. 3 and				(Instr. 4)	
Common	Common		12/30/2003		03		G	V	14,520	D	\$0	52,503		]	I	By Wife as Trustee <sup>(1)</sup>				
Common															140,5	23	]	I	By W	ife <sup>(2)</sup>
Common															152,7	64	]	I	By Partne	ership <sup>(3)</sup>
Common													792,963		]	I As Co- Trustee <sup>(4</sup>				
Common														341,641 D		D				
Common														158,052		]	I Co-Trustee <sup>(5)</sup>			
Preferred	- 4-1/2% C	umulative												187 D		)				
Preferred - 4-1/2% Cumulative												93		I		By Testamentary Trust				
		Та	ıble II								oosed of, convertib				Owned					
1. Title of Derivative Security (Instr. 3)  2.		ion Date,	4. Transactior Code (Instr. 8)		ion of		6. Date Exer Expiration I (Month/Day)		ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Owners Form: Direct ( or Indir (I) (Inst	ship of B (D) O ect (li	1. Nature f Indirect eneficial wnership nstr. 4)		
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	or Number of Shares	r						

### **Explanation of Responses:**

- 1. 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.
- 2. I disclaim beneficial ownership of these shares.
- 3. 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.
- 4. 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.
- 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.

# Remarks:

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

12/31/2003

\*\* 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.

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.