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 OTTATIONAL OWNERSHIP	Estimated average burden			

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

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]								5 (0	. Rela Checl	k all app Direc	tor		10% O	wner
(Last) 1000 CR	(Last) (First) (Middle) 1000 CRANBERRY WOODS DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 12/07/2021										Officer (give title below)		Other (below)	specify
(Street) CRANBI WOODS TOWNSI	PA	Λ 1	6066		4. If <i>i</i>	. If Amendment, Date of Original Filed (Month/Day/Year)								. Indii ine) X	'				
(City)	(S	tate) (2	Zip)																
		Table	I - No	on-Deriva	tive S	Secui	rities	s Acc	uired	l, Dis	sposed of	, or B	enefic	ially	/ Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day			Execution Date,					Disposed Of	es Acquired (A) or Of (D) (Instr. 3, 4 and			5. Amount of Securities Beneficially Owned Following Reported		Forn (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A) or (D)	Price	Tranca		ction(s)			(111341. 4)
Common Stock, no par value 12/07/2			12/07/2	021)21			G	V	2,033	D	\$0.00	000	00 226,897			I	By Wife	
Common Stock, no par value												985		5,417		D			
Common Stock, no par value													717,648				Co- Trustee ⁽¹⁾		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	h/Day/Year) Execution Date, if any (Month/Day/Year) Transaction Code (Instr. 8) A (/				of Deriv Secu Acqu (A) o Disp of (D (Inst	Derivative ecurities ecquired A) or bisposed (Month/Day/Year)				Amount of		Dei	rice of ivative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owne Form: Direct or Ind (I) (Ins	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
Fundamentia					Code	v	(A)	(D)	Date Exerci	isable	Expiration Date		Amount or Number of Shares						

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

12/07/2021

** 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.