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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| 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

| OMB APPI | ROVAL |
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| OMB Number: | 3235-0287 |
| Estimated average b | urden |
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| Estimated average burden | |
|--------------------------|-----|
| hours per response: | 0.5 |
| | |

| I. Nume and Address of Reporting reison | | | 2. Issuer Name and Ticker or Trading Symbol <u>MSA Safety Inc</u> [MSA] | | tionship of Reporting Perso all applicable) | n(s) to Issuer |
|--|---------|----------|--|------------------------|--|-----------------------|
| SIIAW L EDWARD JK | | | | X | Director | 10% Owner |
| (Last) (First) (Middle) 11377 TURTLE BEACH ROAD | | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 11/23/2016 | | Officer (give title below) | Other (specify below) |
| (Street) N. PALM | FL | 33408 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) X | idual or Joint/Group Filing (Form filed by One Repor | |
| BEACH | BEACH | | | | Form filed by More than (Person | One Reporting |
| (City) | (State) | (Zip) | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| ······································ | | | | | | | | | | |
|--|--|---|------------------------------|---|---------|---------------|----------|---|---|---|
| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | | | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership |
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |
| Common Stock, no par value | 11/23/2016 | | J ⁽¹⁾ | | 324,097 | A | \$0.0000 | 476,918 | Ι | By Wife as Trustee |
| Common Stock, no par value | | | | | | | | 493,084 | D | |
| Common Stock, no par value | | | | | | | | 83,123 | Ι | By Wife |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| (c.y., p | | | uis, c | ans, | vvaii | ants, | options, t | Sourceun | 10 300 | Junitesj | | | | | L | | |
|----------|---|---|--|---|-------|-------|---|----------|--|--------------------|---|--|---|--|--------------------|--|--|
| | 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Ownership Form: | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | |

Explanation of Responses:

1. Contribution into trusts in which the wife of the reporting person is a trustee, in connection with a restructuring of trusts in which neither the reporting person nor his wife are trustees.

| Douglas K. McClaine, | |
|----------------------|--|
| Attorney in Fact | |

11/28/2016

** 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.