FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
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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).

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]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
LAMD	CKI WII	LLIAWI WI					,			-					X	Direc	ctor		10% C	wner	
(Last)	(Fi	irst) ((Middle)		2.5	3 Date of Farliest Transaction (Month/Day/Vear)							_	X Office below		cer (give title ow)		Other (specify below)			
1000 CRANBERRY WOODS DRIVE						3. Date of Earliest Transaction (Month/Day/Year) 02/28/2017									President and CEO				l CEO		
1000 CIU	IIVDLICICI	WOODSDIGV			02/	_0, _	017														
(Street)					·																
CRANBE	ERRY				4. If	Ame	ndment	, Date o	of Origina	l File	d (Month/Da	ay/Yea	r)		. Individ ine)	dual o	r Joint/Group	Filin	ng (Check A	pplicable	
WOODS																	m filed by One Reporting Person				
TOWNSI	HIP														X		n filed by Mor		•		
					-											Pers	on				
(City)	(S	tate) ((Zip)																		
		Tab	le I - No	n-Deriv	ative	Se	curitie	es Ac	quired	, Dis	posed o	f, or	Ben	efici	ally C	wne	ed				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4)						and 5) Secu Bene		rities ficially ed Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A (D) or)	Price	- 11	Transa	action(s) 3 and 4)			(msu. 4)	
Common	Stock, no p	oar value		02/28	/2017	17		A		9,603		A	\$0.0	000	15	53,703	D				
Common	Stock, no p	oar value														6	60,600 I By Wi				
		Ta									osed of,				y Ow	ned			,		
				(e.g., pı	uts, c	alls	, warr	ants,	optior	ıs, c	onvertib	le se	curi	ties)							
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deen Executio if any (Month/D	n Date,	Code (In				6. Date E Expiratio (Month/I	on Da		7. Title and Amount of Securities Underlying Derivative Security (Instrand 4)				tr. 5)	9. Number o derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	or Nu of	nount mber ares							

Explanation of Responses:

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

03/02/2017

Date

** Signature of Reporting Person

 $\label{lem:Remodel} \textbf{Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.}$

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.

 $^{^{\}star}$ 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).