FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C	20549
vasilington,	D.C.	20049

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

					or Se	ection 3				mpany Act o		f 1934						
1. Name and Address of Reporting Person* <u>Sperry William R</u>					2. Issuer Name and Ticker or Trading Symbol  MSA Safety Inc [ MSA ]									all app	ip of Reporting plicable) ctor		10% O	vner
(Last) (First) (Middle) 1000 CRANBERRY WOODS DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 05/18/2022									Officer (give title below)		Other ( below)		specify
(Street) CRANB WOODS TOWNS	S PA	A 1	6066		4. If <i>F</i>	Amendn	ment, Date	of Origir	nal File	d (Month/Da	y/Year)		i. Indiv ine) X	Form	filed by One filed by Moon	e Rep	oorting Pers	on
(City)	(St	rate) (Z	Zip)															
			I - No			1		quired	I, Dis	posed of	-					_		
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day			Execution Date,		tion Date,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
							Code	v	Amount	(A) or (D)	Price		Reported Transaction (Instr. 3 and				(Instr. 4)	
Commor	Stock, no	par value		05/18/2	022			A		1,129	A	\$0.0	000	4,665			D	
		Tal	ole II -						•	osed of, convertib			•	wne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed ion Date, /Day/Year)	Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	Expiration Da		ate Amoun (fear) Securit Under!) Derivat Securit 3 and 4		nt of ities lying itive ity (Instr.	Deri Sec (Ins	rice of vative urity tr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

Date

Exercisable

**Explanation of Responses:** 

Stephanie L. Sciullo, Attorney 05/20/2022

or Number

in fact

Expiration Date

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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).

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.

(A) (D)