FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, [D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

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

	tion 1(b).	nuc. Sec		Filed							ies Exchang mpany Act o		f 1934		nours	s per re	esponse:	0.5
Name and Address of Reporting Person* Savi Luca				2. Issuer Name and Ticker or Trading Symbol MSA Safety Inc [MSA]									Check all ap	ationship of Reporting k all applicable) Director Officer (give title below)		rson(s) to Is		
(Last) (First) (Middle) 1000 CRANBERRY WOODS DRIVE				3. Date of Earliest Transaction (Month/Day/Year) 07/09/2021												Other (s below)	specify	
(Street) CRANB WOODS TOWNS (City)	HIP		6066 Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)									ine) X Fori Fori	idual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person			
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired	, Dis	posed of	, or B	enefic	ially Ow	ned			
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day			Execution		ition D	ate,			s Acquired (A) of (D) (Instr. 3,		nd Secu Bene Owne	5. Amount of Securities Beneficially Owned Following Reported		m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	v	Amount	(A) or (D)	Price	Trans	Transaction(s) (Instr. 3 and 4)			(111501.4)	
Common	Stock, no	par value		07/09/2	021				A		657	7 A \$0.0000 657 D			D			
		Tal	ole II -								osed of, convertib				ed			
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)		4. Transaction Code (Instr. 8)		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 Amou Secur Under Deriva Secur 3 and	nt of ities lying itive ity (Instr.	8. Price of Derivative Security (Instr. 5)		y D o (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
Cod			Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	of Shares							

Explanation of Responses:

Stephanie L. Sciullo, Attorney 07/13/2021 in fact

** 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.