## FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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*  Krause Kenneth D.						2. Issuer Name and Ticker or Trading Symbol  MSA Safety Inc [ MSA ]										all app Direc	olicable)	g Perso	Person(s) to Issuer  10% Owner Other (spec		
(Last) (First) (Middle) 1000 CRANBERRY WOODS DRIVE						3. Date of Earliest Transaction (Month/Day/Year) 03/08/2018									Λ	Sen	,	below) O and Treasurer			
(Street) CRANBERRY WOODS PA 16066 TOWNSHIP  (City) (State) (Zip)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									i. Indiv ine) X	Forn Forn	lual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person				
(=::9)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3)  2. Trans Date (Month/					ection	2. E r) if	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4				or 5. Am Secui Benet Owne		ount of ities icially d 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(s) (Instr. 3 and 4)				(Instr. 4)			
Common Stock, no par value 03/08						2018			Α	A 235			Α	\$0.0000		22,470		D			
Common Stock, no par value 03/08					/2018				F		67	D \$84		.78	22,403		D				
Common Stock, no par value 03/08					/2018				F		78	D \$8		\$84	.78 22		2,325	D			
Common Stock, no par value 03/0					/2018				F		155		D \$84.7		.78	78 22,170		D			
Common Stock, no par value																6'	76.849		I	By 401k	
		Ta									sed of, onvertib					vned					
1. Title of Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security    Security   Date (Month/Day/Year)   Execution Date, if any (Month/Day/Year)   Security   Execution Date, if any (Month/Day/Year)   Security   Se			4. Transa Code ( 8)		of Deriv Secu Acqu (A) o Disp of (D	r osed ) r. 3, 4	6. Date E Expiration (Month/II) Date Exercise	on Dat			nstr. 3 nount mber			9. Number of derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4)	Ow For Dir or (I)	vnership rm: ect (D) Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

**Explanation of Responses:** 

Douglas K. McClaine, **Attorney in Fact** 

03/12/2018

\*\* Signature of Reporting Person

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.