FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL										
OMB Number:	3235-028									
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0.5

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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).

## 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

Name and Address of Reporting Person*     ZEITLER DENNIS L						2. Issuer Name and Ticker or Trading Symbol MINE SAFETY APPLIANCES CO [ MSA ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
	IN DEINI	<u> </u>			1											Direc			Owner	
(Last) (First) (Middle)					3 D	Date of Earliest Transaction (Month/Day/Year)								$\dashv$	X	Office belov	er (give title v)	Othe belov	r (specify v)	
(Last)	`	,	viidule)			03/15/2005								VP, CFO, Treasurer						
121 GAMMA DRIVE				100	03/13/2003											,				
RIDC INDUSTRIAL PARK																				
Tabo INBoortanii Irman				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6	6. Individual or Joint/Group Filing (Check Applicable						
(Ctroot)						In a mondations, bate of original Filed (Montal bay) Teal)									Line)					
(Street)	IDCII		<b>5</b> 000												X	Form	n filed by One	e Reporting Per	rson	
PITTSBU	IRGH	_	.5238													Form	n filed by Mor	re than One Re	porting	
																Pers		0.10.10	porting	
(City)	(St	ate) (	Zip)																	
		Tabl	e I - Nor	า-Deriv	ative	Se	curitie	s Acq	uired,	Dis	posed o	f, o	r Ben	eficia	ally (	Owne	ed			
1. Title of S	Security (Inst	r. 3)		2. Transa	action	ction 2A. Deemed				3. 4. Securities Acquired (A)					or 5. Amount		ount of	6. Ownership	7. Nature	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•,		Date	S/V	Execution Date,			Transaction Disposed Of (D) (Inst			D) (Instr	. 3, 4 aı			ties	Form: Direct	of Indirect Beneficial		
(Month/D				Jayı Yea	ay/Year) if any (Month/Day/Year)			Code (Instr. 5) 8)					Benefic Owned			(D) or Indirect (I) (Instr. 4)	Ownership			
						( , , , , , , , , , , , , , , , , , , ,		<del>'</del>		(4) ==			Repo				(Instr. 4)			
									Code	v	Amount		(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)				
Common Stock, no par value 03/15					5/2005				S		2,021		D	\$38.92		2 46,528		D		
		To	bla II - F	) o wis cost	i		wition	A 0 00 1 1 i	rad D	iona			) on of	المنما		,,,, ,, d			•	
		Id									sed of, onvertib				y Ov	meu				
1. Title of Derivative	2. Conversion	3. Transaction Date	3A. Deeme		4. Transaction Code (Instr.		on of l		6. Date Exercisal Expiration Date			7. Title and Amount of Securities				rice of 9. Number		f 10. Ownership	11. Nature of Indirect Beneficial	
Security	or Exercise	(Month/Day/Year)	if any						(Month/D					Security		Securities	Form:			
(Instr. 3) Price of (Month/Day/				ay/Year) 8)		Securities			Underlyi					(Insti				Ownership		
Derivative					Acquired Derivative Security (In:				str. 3	3		Owned Following	or Indirect (I) (Instr. 4)	(Instr. 4)						
					Disposed and 4)									Reported	1					
						of (D) (Instr. 3, 4									Transaction(s)	(s)				
							and 5)									(				
					Amou		ount				- 1									
													or							
							Date		Expiration		Nui	mber								
					Code	v	(A)		Exercisa		Date	Title		ares				- 1	1	

**Explanation of Responses:** 

Remarks:

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

03/17/2005

\*\* 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.