FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGI	ES IN BEN	EFICIAL (OWNERS	HIP

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

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 MINE SAFETY APPLIANCES CO [MSA]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director Tom Owner Other (give title Other (specify below))						
	(F MMA DRIV IDUSTRIA	/E	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 11/09/2004								Vice President				
(Street)	URGH		15238		_ 4. l [·]	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(S		(Zip)		<u> </u>							, -	<u> </u>					
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		ear)	2A. Deemed Execution Date,		Transaction Dispos Code (Instr. 5)		4. Securit	urities Acquired (A) of the ded Of (D) (Instr. 3, 4		5. Amou Securitie Beneficia	nt of es ally	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
							Code	v	Amount	(A) or (D)	Price	Reported Transact (Instr. 3	d tion(s)	.,,	(Instr. 4)			
Common Stock, no par value		11/09	9/2004	/2004		М		32,850	6 A	\$7.8	109	,845	D					
Common Stock, no par value		11/09	9/2004				М		12,822	2 A	\$7.8	122	2,667	D				
Common Stock, no par value		11/09	9/2004				F		2,279	D	\$43.8	35 120	,388	D				
Common Stock, no par value		11/09	9/2004				F		5,841	. D	\$43.8	35 114	,547	D				
Common Stock, no par value		11/09	9/2004	/2004		S		11,343 D		\$43.8	85 103,204		D					
		-	Гable II -								osed of,			Owned				
1. Title of Derivative Security (Instr. 3)	Title of 2. 3. Transaction SA. Deemer Execution I Growth or Exercise (Month/Day/Year) if any		Date,		ransaction of E ode (Instr. Derivative (I		Expiration Date of Sec (Month/Day/Year) Under Deriva		of Securit Underlyin Derivative	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership (Instr. 4)				
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amount or Number of Shares					
Incentive Stock Option ⁽¹⁾	\$23.3871	11/09/2004			M			12,822	09/12/20	01	03/12/2011	Common Stock, no par value	12,822	\$7.8	0	D		
Non- statutory Stock Option ⁽²⁾	\$23.3871	11/09/2004			М			32,856	09/12/20	01	03/12/2011	Common Stock, no par value	32,856	\$7.8	0	D		

Explanation of Responses:

- 1. This option was previously reported as an option for 3,965 shares at an exercise price of \$25.21, but was adjusted to reflect the Special Distribution paid on November 24, 2003 and the 3-for-1 stock split paid
- 2. This option was previously reported as an option for 10,160 shares at an exercise price of \$25.21, but was adjusted to reflect the Special Distribution paid on November 24, 2003 and the 3-for-1 stock split paid on January 28, 2004.

Remarks:

Douglas K. McClaine, Attorney 11/11/2004 in Fact, Power of Attorney

** 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.