FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL						
OMB Number:	3235-0104					
Estimated average burden						
hours per response:	0.5					

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(b) of the Investment Company Act of 1940

of Section 30(ii) of the investment Company Act of 1940										
Duff Gavan C M	. Date of Event Requiring Staten Month/Day/Year 12/21/2017	nent 1	3. Issuer Name and Ticker or Trading Symbol MSA Safety Inc [MSA]							
(Last) (First) (Middle) 1000 CRANBERRY WOODS DRIVE			4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify			5. If Amendment, Date of Original Filed (Month/Day/Year)				
(Street) CRANBERRY WOODS PA 16066 TOWNSHIP			X Officer (give title below) Vice Presiden	below)	6. In	icable Line) Form filed b	/Group Filing (Check y One Reporting Person y More than One erson			
(City) (State) (Zip)										
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)			eneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)			Beneficial Ownership			
Common Stock, no par value			2,213	D						
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		d 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)			
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)				
Non-statutory Stock Option	03/01/2019	03/01/2026	Common Stock, no par value	2,903	44.5	D				
Non-statutory Stock Option	02/25/2018	02/25/2025	Common Stock, no par value	1,925	48.64	D				

Explanation of Responses:

Douglas K. McClaine, Attorney in Fact

03/06/2017

** 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 5 (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.