FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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	Check this box if no longer subject to							
$\neg$	Section 16. Form 4 or Form 5							
J	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*  MCCLAINE DOUGLAS K						2. Issuer Name and Ticker or Trading Symbol  MSA Safety Inc [ MSA ]									of Reporting Person(s) to Issue cable) r 10% Own (give title Other (sp		ner	
(Last) 1000 CR	•	rst)  7 WOODS DRIV		Date of 104/20		est Tran	saction (M	onth/	Day/Year)		helow)	below) Sr. Vice Presiden		below)				
WOODS	ANBERRY						ndmer	nt, Date	of Original	Filed	(Month/D	Lin	6. 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)															
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)			action	ar) if	A. Deemed Execution Date, fany Month/Day/Year)		3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3,			5. Amou Securiti Benefic Owned	int of es ially Following	6. Owne Form: D (D) or In (I) (Instr.	irect c direct E . 4) (	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)
Common Stock, no par value 05/04/				4/2017	2017			М		4,185	5 A \$1		33 41	41,777				
Common Stock, no par value 05/04/2				4/2017	2017		S		4,185	5 D	\$79	37	,592	D				
		Т										, or Ben ble secu		/ Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemd Execution if any (Month/Da	Date,	4. Transactic Code (Ins 8)				6. Date Ex Expiration (Month/Da	n Date	Amount of		f g Security	8. Price of Derivative Security (Instr. 5)		Owner Form: Direct or Indi (I) (Ins	vnership	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisab		xpiration ate	Title	Amount or Number of Shares					
Non- statutory Stock Option	\$17.83	05/04/2017			M			4,185	02/23/201	.2 0	2/23/2019	Common Stock, no par value	4,185	\$17.83	0.0000		D	

Explanation of Responses:

Douglas K. McClaine

05/08/2017

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).