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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STATEMENT OF	CHANGES I	IN BENEFICIAL	OWNERSHIP

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

Name and Address of Reporting Person* Vartanian Nishan J.					2. Issuer Name and Ticker or Trading Symbol MSA Safety Inc [MSA]								5. Relationsh (Check all ap Dire		licable)	1	.0% O	wner		
(Last) (First) (Middle) 1000 CRANBERRY WOODS DRIVE				3. Date of Earliest Transaction (Month/Day/Year) 02/26/2018									X	belov		k	Other (specify below) nd COO			
(Street) CRANBI WOODS TOWNSI (City)	HIP PA		.6066 Zip)			Ame 27/2		, Date o	of Origina	l Filed	(Month/Da	ay/Ye	ear)		. Indiv ine) X	Form	r Joint/Group n filed by One n filed by Mor on	e Reportinç	Pers	on
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
Date			2. Transa Date (Month/D	Execution Date,		Code (Instr. 5)				4 and Secui Bene		cially I Following	6. Owners Form: Dir (D) or Indi (I) (Instr. 4	ect rect	7. Nature of Indirect Beneficial Ownership					
									Code	v	Amount		(A) or (D)	Price		Transa	action(s) 3 and 4)			(Instr. 4)
Common Stock, no par value 02/26/				/2018		F		233	D \$8		\$84	.74	31,585		D					
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution Date, Gecurity or Exercise (Month/Day/Year) if any			ransaction of Code (Instr. Derivation		rative rities ired r osed)	6. Date I Expirati (Month/I		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		str. 3				Owner Form: Direct or Indi (I) (Ins	(D) rect	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or Nu of	ount mber ares						

Explanation of Responses:

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

03/01/2018

Date

** 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.