FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPRO | VAL |
|---|------------------------|-----------|
| | OMB Number: | 3235-0287 |
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| l | 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* BOVE KERRY M | | | | | | 2. Issuer Name and Ticker or Trading Symbol MINE SAFETY APPLIANCES CO [MSA] | | | | | | | | | | | tionship of Report all applicable) Director Officer (give title | | ing Person(s) to Is 10% O Other (| | wner | | |
|--|---|--|---|---------|--|--|---|--------|------------|----------------------------------|------|--|--|-------------|--|-----------------------------------|---|---|---|--|---|--|--|
| (Last) (First) (Middle) 121 GAMMA DRIVE RIDC INDUSTRIAL PARK | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/05/2003 | | | | | | | | | | | Vice President | | | | | | |
| (Street) PITTSBURGH 15238 (City) (State) (Zip) | | | | | _ 4. l | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| | | Tab | le I - Noi | n-Deriv | ative/ | e Se | curit | ies Ad | qu | ıired, I | Dis | posed c | of, or | Ber | neficia | lly (| Owned | ł | | | | | |
| | | | | Date | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | , | Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | | 4 and Securit Benefic Owned | | es ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Ī | Code | v | Amount | (| A) or D) | Price | Reporte Transac (Instr. 3 | | tion(s) | | | (Instr. 4) | | |
| Common | 5/2003 | 2003 | | T | S | | 548 | | D | \$62. | 2.39 | | 0 | | D | | | | | | | | |
| Common 11/05/ | | | | | | | 2003 | | | М | | 3,000 |) | A | \$25. | 5.21 | | 0 | | D | | | |
| Common 11/05 | | | | | | 2003 | | | | F | | 1,212 | 2 | D | \$62.39 | | 10,572 | | | D | | | |
| | | Т | able II - | | | | | | | | | osed of onverti | | | | | wned | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution I if any (Month/Day | Date, | 4. Transa Code (8) | | n of | | Exp | Date Exe piration onth/Day | Date | | 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | Security | Der Sed (Ins | Price of erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | ly [| 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Dat Exe | te ercisable | | xpiration ate | Title | | Amount or Number of Shares | | | | | | | | |
| Incentive Stock Option | \$25.21 | 11/05/2003 | | | M | | | 3,000 | 09 | 9/12/2001 | . 0 | 3/12/2011 | Comi | mon | 3,000 | \$ | 25.21 | 0 | | D | | | |

Explanation of Responses:

Remarks:

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

11/07/2003

<u>Attorney</u>

** Signature of Reporting Person Date

 $\label{lem:Reminder:Remondance} Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.$

- * 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.