FORM 4

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

STATEMENT C	F CHANGES	IN BENEFICIAL	<b>OWNERSHIP</b>

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

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  MSA Safety Inc [ MSA ]										Check	all app	onship of Reporting all applicable) Director Officer (give title		Person(s) to Issuer  10% Owner Other (spec	
(Last) (First) (Middle) 1000 CRANBERRY WOODS DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 11/20/2017									X	belov			below)		
(Street) CRANBI WOODS TOWNS: (City)	P/ HIP		16066 Zip)		4. If	Amer	ndment,	Date o	f Origina	l Filed	d (Month/Da	ay/Ye	ear)		i. Indivine)	Form	r Joint/Group n filed by One n filed by Mor on	e Repo	rting Pers	on
		Tabl	e I - Non-D	Deriva	ative	Sec	uritie	s Acc	quired	, Dis	posed o	f, o	r Ber	efici	ally (	Owne	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)				ate	ay/Year)   Exc		A. Deemed xecution Date, any Month/Day/Year)		3. Transaction Code (Instr. 8)		ies Acquired (A) Of (D) (Instr. 3, 4		(A) or . 3, 4 ar	and 5) Sec Ber Ow		curities neficially		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount		(A) or (D)	Price		Transa	Transaction(s) (Instr. 3 and 4)			(1130.4)
Common Stock, no par value 11/2				11/20/2	0/2017				G	V	635	D \$0		\$0.0	57,239		7,239		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)  2. Conversion or Exercise (Month/Day/Year) Price of Derivative Security  3. Transaction Date Execution Date, if any (Month/Day/Year)			ate, T	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		nstr. 3	Deriv	ivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction( (Instr. 4)	Ov Fo Di or (I)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	of	ımber ares						

**Explanation of Responses:** 

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

11/21/2017

\*\* 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 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.