FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT	OF	CHANGES	IN BE	NEFICIAL	OWNERS	HIP

OMB APPROVAL OMB Number: Estimated average burden 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* SHAW L EDWARD JR					2. Issuer Name and Ticker or Trading Symbol MSA Safety Inc [MSA]										olicable)	g Person(s) to I	ssuer Owner	
(Last) 11377 TU	(Fi	rst) (ACH ROAD	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/22/2017							Offic below	er (give title w)	Other (specify below)			
(Street) N. PALM BEACH (City)	FL		33408 Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Indi Line) X	Forn	ual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person			
		Tabl	le I - No	n-Deriv	ative	Sec	curitie	s Ac	quired,	Dis	posed o	f, or E	Benefi	cially	Owne	ed		
Da		2. Transaction Date (Month/Day/Year)		r) Ei	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			and 5) Securit Benefit Owned		icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
							Code	v	Amount	mount (A) or Pri		ce	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
Common Stock, no par value 05/2			05/22/	2017			A		1,506	A	\$(0.0000	000 495,468		D			
Common Stock, no par value													8	33,123	I	By Wife		
Common Stock, no par value												152,821		I	By Wife as Trustee			
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)	conversion or Exercise Price of Derivative Security Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) (Month/Day/Year)		4. Transa Code (8)					e Amount of		nt er		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				

Explanation of Responses:

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

05/23/2017

** 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.

 $^{^{\}star}$ 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).