FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
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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* RYAN JOHN T III		2. Issuer Name and Ticker or Trading Symbol MINE SAFETY APPLIANCES CO [MSA]						Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner						
(Last) (First) (Middle) 121 GAMMA DRIVE RIDC INDUSTRIAL PARK		3. Date of Earliest Transaction (Month/Day/Year) 04/06/2006							X Officer (give title Other (specify below) Chairman & CEO					
(Street) PITTSBURGH PA 15238		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					
(City) (State) (Zip) Table I - No	n-Derivati	ive Seci	urities Ac	auire	d. Di	sposed o	f. or B	enefic	ially Owne	ed e				
1. Title of Security (Instr. 3)	. Transaction late Month/Day/Yea	ion 2A. Deemed Execution Date		3. 4. Securities Acquired (A) or Transaction Code (Instr. 5)			d (A) or	5. Amount of		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
					v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock, no par value	04/06/2006	5		G	V	4,420	D	\$0	969,4	87	Γ			
Common Stock, no par value									358,0	63	I		By Wife ⁽¹⁾	
Common Stock, no par value									147,2	182	I		By Partnership ⁽²⁾	
Common Stock, no par value									160,3	357	I		Зу Wife as Гrustee ⁽³⁾	
Common Stock, no par value									1,521,	889	I		As Co- Frustee ⁽⁴⁾	
Common Stock, no par value						474,156		I Co-		Co-Trustee ⁽⁵⁾				
Preferred - 4-1/2% Cumulative									187	7	Γ			
Preferred - 4-1/2% Cumulative									93		I		By Гestamentary Гrust ⁽⁶⁾	
	Derivative (e.g., puts								lly Owned					
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 2. Conversion Date (Month/Day/Year) if any (Month/Day/Year)	n Date, Tra	5. Number of of Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		Derivative Security (Instr. 5)	derivative Or Securities For Beneficially Or		10. Ownersh Form: Direct (D or Indirec (I) (Instr.	ect (D) Ownership ndirect (Instr. 4)		
Explanation of Responses:	Cod	de V	(A) (D)	Date Exerci	isable	Expiration Date	Title	Amount or Number of Shares	1 1					

- 1. I disclaim beneficial ownership of these shares.
- 2. Shares held by a family limited partnership of which I am a general partner and the other partners include members of my immediate family. I disclaim beneficial ownership of these shares except to the extent of my pecuniary interest.
- 3. Shares held in trusts of which I am not a trustee and in which members of my immediate family are beneficiaries. I disclaim beneficial ownership of these shares.
- 4. Shares held in a trust of which I am a Trustee and in which a member of my immediate family is the beneficiary. I disclaim beneficial ownership of these shares.
- 5. Shares held in trusts of which I am a trustee and in which I and members of my immediate family are among the beneficiaries.
- 6. Shares held in a testamentary trust of which I am not a trustee, in which my proportionate interest as an income beneficiary is represented by a 1/6 interest.

Remarks:

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

04/07/2006

** 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.