FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	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* RYAN JOHN T III							2. Issuer Name and Ticker or Trading Symbol MINE SAFETY APPLIANCES CO [MSA]									5. 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) 03/15/2008								X Officer (give title Other (specify below) Chairman & CEO							
(Street) PITTSBURGH PA 15238					- 4. li	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)																						
				e I - N					s Ad		ed, D	isposed o			cia							
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye						Execution Date,			3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported			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		Transactio (Instr. 3 an				(insu	i. 4)	
Common Stock, no par value 03/15/200						800	8			S		1,966	D	\$41.5	8	963,0	20 D)			
Common Stock, no par value															1,521,889]	I	As Co- Trustee ⁽¹⁾		
Common Stock, no par value																147,5	574]		By Part	nership ⁽²⁾	
Common Stock, no par value														352,517		517	I		By Wife ⁽³⁾			
Common Stock, no par value															160,357		I		By Wife as Trustee ⁽⁴⁾			
Common Stock, no par value																474,156		I		Co-Trustee ⁽⁵⁾		
			Ta	ble II								posed of, convertib				Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversi or Exerci Price of Derivativ Security	on se	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transa Code 8)	5. Number		mber ative ities red sed	6. Da		cisable and Date	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. Price o Derivative Security (Instr. 5)		9. Numl derivati Securiti Benefic Owned Followin Reporte Transac (Instr. 4	ve Owne Form: Direct or Ind (I) (Insection(s)		nip)) ct	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A) (D)		Date Exercisable		Expiration Date	or Number of Title Shares		r								

Explanation of Responses:

- 1. 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.
- 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. I disclaim beneficial ownership of these shares.
- 4. 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.
- 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.

Remarks:

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

03/18/2008

** 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.