FORM 4

obligations may continue. See Instruction 1(b).

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 OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								

0.5

hours per response:

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* BAILLIE JAMES H					2. Issuer Name and Ticker or Trading Symbol MINE SAFETY APPLIANCES CO [MSA]						i. Relationsh Check all ap Dire X Offi	ssuer Owner (specify						
	(Fi MMA DRIV IDUSTRIAI	Æ	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 03/08/2005						A belo	below) below) Vice President						
(Street) PITTSBI	URGH	:	15238 (Zip)			4. If Amendment, Date of Original Filed (Month/Day/Year) 03/10/2005						ine) X For For	,					
		Tab	le I - No	n-Deriv	ative S	ecurities Ac	quired	, Dis	posed c	of, c	or Ben	efici	ally Own	ed				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				Execution Date,		Code (Instr. 5)					nd Secu Bene Own	5. Amount of Securities Beneficially Owned Following Reported		rship irect direct 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
							Code V Amou		Amount	(A) or (D) Pri		Price	Transportion(s)					
Common Stock, no par value 03/08/					3/2005		F		30,63	7	D	\$40	64,614		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)	rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any		4. Transacti Code (Ins 8)		6. Date Expirati (Month/		Amount of			8. Price of Derivative Security (Instr. 5)	erivative derivative security Securities		ership 1: ct (D) direct 1str. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				

Date Exercisable Expiration

Date

Explanation of Responses:

Remarks:

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

Amount or Number

of Shares

Title

03/16/2005

** 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).

Code

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.

and 5)

(A)

(D)