FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Machinatan	D C	20540	
Nashington,	D.C.	20049	

STATEMENT	OF	CHANGES	IN E	BENEFICIAL	OWNE	RSHIP
	OI.	CHANGES	11.4 F	CIACI IOIAL	CVVILL	101111

OMB APPROVAL										
OMB Number: 3235-0										
Estimated average burden										
hours per response	: 0.5									

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* Sciullo Stephanie L (Last) (First) (Middle) 1000 CRANBERRY WOODS DRIVE						Issuer Name and Ticker or Trading Symbol MSA Safety Inc [MSA] 3. Date of Earliest Transaction (Month/Day/Year) 109/01/2022									c all app Direct Office below	tor er (give title		10% Ow Other (s below)	vner
(Street) CRANBI WOODS TOWNS (City)	ERRY HIP	PA	16066 (Zip)			09/01/2022 4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indiv Line) X	Form	Joint/Grou filed by On- filed by Mo	e Repo	rting Perso	on
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day				Execution Date,				s Acquired (A) o		and Securit		ties cially I Following	Form:	Direct Indirect Istr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
									Code	v	Amount	(A) o (D)	Price	9	Transaction(s) (Instr. 3 and 4)				(111341. 4)
Common	Stock, no	par value		09/01/2	022			A		8,503	A	\$0.0	0.0000 13,9		3,976		D		
		Ta	ıble II								osed of, convertib				Owned	d			
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date Execution Date, ecurity or Exercise (Month/Day/Year) if any			ransaction of Code (Instr. Derivative		vative crities cired r osed)	6. Date Exerc Expiration Da (Month/Day/Y		ate	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		Der Sed (Ins	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4)	y O F D o (I	0. Dwnership form: Direct (D) or Indirect) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amoun or Numbe of Shares						

Explanation of Responses:

Stephanie L. Sciullo

09/02/2022

** 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.