FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | | |
|--------------------------|----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | | | |
| Estimated average burden | | | | | | | | | | |

0.5

hours per response:

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

| | | | | | | | | | | | | <u> </u> | | | | | | | | |
|---|---|--|--|-----------------------------|---|--|---|-----------|--------------|---|------|--|---|-----------|---|---|---|---|--|--|
| 1. Name and Address of Reporting Person* BAILLIE JAMES H | | | | | 2. Issuer Name and Ticker or Trading Symbol MINE SAFETY APPLIANCES CO [MSA] | | | | | | | | | | elationship eck all appli Directo | cable) | g Pers | 10% Ov | wner | |
| | (F MMA DRIV IDUSTRIA | | (Middle) | | | Date (| | iest Tran | sactio | on (Mon | th/E | Day/Year) | _ 2 | below) | | resid | Other (speci below) esident | | | |
| (Street) PITTSBURGH 15238 | | | | | 4. 1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Line | dividual or Joint/Group Filing (Check Applicable) K Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | | |
| | | Tak | le I - No | n-Deri | vativ | e Se | curit | ties Ac | quir | red, D | isp | osed o | f, or I | 3en | eficiall | y Owned | l | | | |
| Date | | | | 2. Trans Date (Month/ | | ear) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | | | es ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | С | ode V | , | Amount | (A (D |) or) | Price | Transac | Reported Transaction(s) (Instr. 3 and 4) | | | (111501.4) |
| Common Stock, no par value 09/10/2 | | | | | 0/200 | /2004 | | | | М | | 20,26 | 3 | A | \$12.14 | 4 41 | 41,272 | | D | |
| Common Stock, no par value 09/10/ | | | | | 0/200 | /2004 | | | | S | | 3,862 | 2 | D | \$43.4 | 7 37 | 37,410 | | D | |
| Common Stock, no par value 09/10/ | | | | | 0/200 | /2004 | | | | F | | 5,659 | | D | \$43.4 | 31,751 | | | D | |
| | | | Table II - | | | | | | | | | sed of, onvertil | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Day | Date, | Date, Transac Code (In | | of | | Expi | ate Exer iration I nth/Day | ate | | 7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4) | | s Security | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | E C S F Illy D O (I | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exer | e rcisable | | xpiration ate | Title | | Amount or Number of Shares | | | | | |
| Non- statutory Stock | \$36.4165 | 09/10/2004 | | | M | | | 20,263 | 09/1 | 11/2002 | 0 | 3/11/2012 | Comm Stock, | | 20,263 | \$12.14 | 24,008 | 8 | D | |

Explanation of Responses:

1. This option was previously reported as an option for 13,690 shares at an exercise price of \$39.255, but was adjusted to reflect the Special Distribution paid on November 24, 2003 and the 3-for-1 stock split paid on January 28, 2004.

Remarks:

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

** 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).