### FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(b).

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	VAL								
	OMB Number:	3235-0287								
l	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*  RYAN JOHN T III						2. Issuer Name <b>and</b> Ticker or Trading Symbol  MINE SAFETY APPLIANCES CO [ MSA ]								5. Relationship of Report (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) 05/14/2010								X	X Officer (give title below) Other (specify below)  Chairman					
(Street) PITTSBURGH PA 15238					-   4. li	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indiv Line) X						
(City) (State) (Zip)																				
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye				on	n 2A. Deemed Execution Date,		e,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and				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		Trans	action(s) 3 and 4)		(111501.4)		
Common	Stock, no	par value		05/14/20	)10				S <sup>(1)</sup>		8,870	D	\$29.1	718(2)	1,0	024,168	D			
Common Stock, no par value															1,5	521,889	I	As Co- Trustee <sup>(3)</sup>		
Common Stock, no par value															3	54,731	I	By Wife <sup>(4)</sup>		
Common Stock, no par value															160,357		I	By Wife as Trustee <sup>(5)</sup>		
Common Stock, no par value														474,156		I	Co- Trustee <sup>(6)</sup>			
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)	vative Conversion Date Execution Date, Tran urity or Exercise (Month/Day/Year) if any Cod			Transa Code	saction e (Instr. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		<u> </u>		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
						de V (A) (D)		(D)	Date Exercisable		Expiration Date	of Shares								

## **Explanation of Responses:**

- 1. Shares sold to satisfy tax obligation resulting from option exercise.
- 2. Share prices on this transaction ranged from \$29.1000 to \$29.2291.
- 3. 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.
- 4. I disclaim beneficial ownership of these shares.
- 5. 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.
- 6. 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:

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

05/14/2010

\*\* 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.