FORM 4

## **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									
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*  Roberts Rebecca B					2. Issuer Name and Ticker or Trading Symbol  MSA Safety Inc [ MSA ]									all app Direc	onship of Reportir all applicable) Director		10% Ov	wner	
(Last)	(Fir	st) (N	∕liddle)		3. Date of Earliest Transaction (Month/Day/Year) 08/12/2024										Office	er (give title /)		Other (s below)	pecify
1000 CRANBERRY WOODS DRIVE					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) CRANBERRY WOODS PA 16066 TOWNSHIP					Rul	Form filed by One Reporting Pe Form filed by More than One Re Person  Rule 10b5-1(c) Transaction Indication										•			
(City)	(St	ate) (Z	Zip)		Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.										ided to				
		Table	I - No	n-Deriva	tive S	Secur	ities	Acc	uired	, Dis	•	-			Own	ed			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day)					Execution Date,		ate,	3. Transaction Code (Instr. 8)  4. Securities Disposed Of 5)				and Securi Benefi Owned		ties cially I Following	Form (D) o	Form: Direct D) or Indirect I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
							Code	v	Amount	(A) o (D)	r Price	)	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common Stock, no par value 08/12/20					024		G		112	D	\$0.	0.0000		9,117		D			
		Tat	ole II -	Derivativ (e.g., pu							osed of, convertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution Date, Gecurity or Exercise (Month/Day/Year) if any				ransaction of Code (Instr. Derivative		Expiration Date (Month/Day/Year)			Amou Secur Under Deriva Secur	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		rice of ivative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	,	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A) (D)		Date Expiration Exercisable Date		Expiration Date	Title	Amoun or Numbe of Shares						

**Explanation of Responses:** 

Richard W. Roda, Attorney in 08/13/2024

Fact

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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).

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.