## FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C.	20549

Check this box if no longer subject to Section 16. Form 4 or Form 5	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
obligations may continue. See Instruction 1(b).	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

OMB APPROVAL OMB Number: 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*  McMahan Stacy Powell						2. Issuer Name and Ticker or Trading Symbol  MSA Safety Inc [ MSA ]									ationship of Reporting Pe all applicable) Director Officer (give title			son(s) to Iss 10% Ow Other (s below)	/ner	
(Last) 1000 CR	`	irst)  / WOODS DRIV	(Middle) /E			3. Date of Earliest Transaction (Month/Day/Year) 02/25/2015										below) Senior VP, CFO at			r	
(Street) CRANB: WOODS TOWNS (City)	HIP		16066 (Zip)				4. If Amendment, Date of Original Filed (Month/Day/Year)									ndividual or Joint/Group Filing (Check Applicable e)  X Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tab	le I - No	n-Deriv	vative	Sec	uritie	s Ac	quired,	Dis	posed o	of, or Be	nefic	ially	Owned					
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da				action	2/ Ex	P.A. Deemed Execution Date, f any Month/Day/Year)		3. 4. Securit Transaction Code (Instr.		ies Acquire Of (D) (Inst	d (A) o	or 5. Amor Securiti Benefic Owned		nt of es ally Following	Forn (D) o	n: Direct or Indirect ostr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	v	Amount	(A) or (D) Pri		e	Reported Transaction(s) (Instr. 3 and 4)						
Common Stock, no par value 02/25/3					5/2015	2015		A		3,148	A	\$0.0	0000	16	,807		D			
		Т	able II -									, or Ben ble secu			Owned				•	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,	4. Transa Code ( 8)		ı of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		S (I	. Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisabl		Expiration Date	Title	Amou or Numb of Share	er						
Non- statutory Stock Option	\$48.64	02/25/2015			A		9,798		02/25/201	3 (	)2/25/2025	Common Stock, no par value	9,79	8	\$48.64	9,798		D		

**Explanation of Responses:** 

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

02/27/2015

\*\* 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.