FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL					
OMB Number:	OMB Number: 3235-0104				
Estimated average burden					
hours per resp	onse: 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

Weber Markus H	Date of Event equiring Statem Month/Day/Year 4/12/2010	ent 1	3. Issuer Name and Ticker or Trading Symbol MINE SAFETY APPLIANCES CO [MSA]						
(Last) (First) (Middle) 121 GAMMA DRIVE			Relationship of Reporting Perso (Check all applicable) Director	10% Owne	r (M	5. If Amendment, Date of Original Filed (Month/Day/Year)			
RIDC INDUSTRIAL PARK			X Officer (give title Other (specify below) Vice President		Ap	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person			
(Street) PITTSBURGH PA 15238							y More than One		
(City) (State) (Zip)									
Table I - Non-Derivative Securities Beneficially Owned									
1. Title of Security (Instr. 4)			. Amount of Securities Beneficially Owned (Instr. 4) 3. Ownership Form: Direct (D or Indirect (I) (Instr. 5)		t (D) (Ins	4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)									
1. Title of Derivative Security (Instr. 4) 2. Date Exercis Expiration Date (Month/Day/Yea		ite	3. Title and Amount of Securi Underlying Derivative Securi		4. Conversion	Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
	Date Exercisable	Expiration Date	n Title	Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)			

Explanation of Responses:

Remarks:

No securities are beneficially owned.

Douglas K. McClaine, Attorney in Fact 04/20/2010

** 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 5 (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.