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 I | 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

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|---|--|--|--|---------|------------------------|---|---|-----------|--------------|-------------------------------------|---|---------------------|---|----------------|-----------------------|---|--|---|---|---|--|
| 1. Name and Address of Reporting Person* | | | | | | | 2. Issuer Name and Ticker or Trading Symbol MINE SAFETY APPLIANCES CO [MSA] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| LAMBERT WILLIAM M | | | | | | [WON] | | | | | | | | | ٦ | X Director | | | | 10% O | wner |
| (Last) (First) (Middle) | | | | | | | | | | | | | | | | | Officer (give title below) | | | Other (specify below) | |
| 1000 CRANBERRY WOODS DRIVE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/02/2014 | | | | | | | | | | President and CEO | | | | | |
| (Street) | | | | | - | | | | | | | | | | | | | | | | |
| CRANBERRY | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| WOODS | PA | 1 | 16066 | | | | | | | | | | | | | X | X Form filed by One Reporting Person | | | | |
| TOWNSHIP | | | | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - Noi | n-Deriv | ative | Se | curit | ies | Acq | uired, | Dis | posed o | f, or | Ber | efici | ally O | wne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Exec ay/Year) if an | | A. Deemed xecution Date, any Month/Day/Year) | | Code (Instr. | | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | 4 and Se | | 5. Amount of Securities Beneficially Dwned Following Reported | | wnership n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | _ т | ransa | action(s) 3 and 4) | | | (111311. 4) |
| Common Stock, no par value 01/02/ | | | | | 2/2014 | 2014 | | | F | | 2,502 | | D | \$50 | 0.62 1 | | 125,230 | | D | | |
| Common Stock, no par value | | | | | | | | | | | | | | | | | 6 | 0,600 | | I | By Wife |
| | | Та | | | | | | | | | | sed of, onvertib | | | | y Owi | ned | | | | |
| 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, | | ransaction Code (Instr. | | | | 6. Date E: Expiratio (Month/D | n Dat | | 7. Title and Amount of Securities Underlying Derivative Security (Inst and 4) | | ı | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Ownership Form: Direct (D) or Indirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) |) (D | | Date Exercisal | | Expiration Date | Title | or Nu of | nount mber ares | | | | | | |

Explanation of Responses:

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

01/03/2014

** 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.