FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
|--|--|
| 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 |

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* <u>CANIZARES ROBERTO</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol MINE SAFETY APPLIANCES CO [MSA] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | |
|---|---|--|--|---------|------------------------------|---|-------|------------------------------|----------------------------------|-------|--|---|--|---|---|--|---|---------------------------------------|--|
| (Last) (First) (Middle) 1000 CRANBERRY WOODS DRIVE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/16/2011 | | | | | | | | X Officer (give title Other (specify below) Vice President | | | | | |
| (Street) CRANBERRY TOWNSHIP PA | | | | | 4. 1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | |
| | | Tab | le I - No | n-Deriv | vativ | e Sec | curit | ies Ac | quired | l, Di | sposed o | f, or Be | neficial | ly Owned | l | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | Execution Date, | | | 3. Transa Code (8) | | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an | | | t of S Ily ollowing | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of ndirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Reported Transacti (Instr. 3 a | on(s) nd 4) | | [| Instr. 4) | |
| Common Stock, no par value 08/16/2 | | | | | /2011 | 011 | | | М | | 19,290 | A | \$25.06 | 5 46,9 | 46,949(1) | | D | | |
| Common Stock, no par value | | | | | | | | | | | | | 13,1 | 13,100 | | | By Wife as Trustee | | |
| Common Stock, no par value | | | | | | | | | | | | | 69,6 | 69,667 | | | Revocable Trust | | |
| | | • | Table II | | | | | | | | oosed of, convertil | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year | | 4. Transa Code (8) | | | | 6. Date Expirati (Month/ | on Da | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Numb derivativ Securitie Benefici Owned Followin Reporte Transaci (Instr. 4) | /e es ally ng d tion(s) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | Amount or Number of Shares | per | | | | | |
| Non- statutory Stock | \$25.065 | 08/16/2011 | | | М | | | 19,290 | 03/09/2 | 005 | 03/09/2014 | Common Stock, no par value | 19,290 | \$25.065 | 0.00 | 00 | D | | |

Explanation of Responses:

1. Reflects a re-distribution of 11,866 shares from direct ownership to indirect ownership in the Revocable Trust.

Douglas K. McClaine, Attorney 08/18/2011

** Signature of Reporting Person

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.