| SEC Form 4 | |
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| FORM | 4 |

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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 obligations may continue. See Instruction 1(b). |
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| Instruction 1(p). |

Check this box to indicate that a transaction was made pursuant to a

contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| OMB APPROVAL | | | | | | | | |
|-------------------|-----------|--|--|--|--|--|--|--|
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| Estimated average | burden | | | | | | | |

hours per response: 0.5

| | fy the affirmative ns of Rule 10b5- tion 10. | | | | | | | | |
|---|--|-----------------|--|--|--|-----------------------------|--|--|--|
| 1. Name and Addre Savi Luca | ss of Reporting Pers | on [*] | 2. Issuer Name and Ticker or Trading Symbol <u>MSA Safety Inc</u> [MSA] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| | | | | 1 | Director Officer (give title | 10% Owner Other (specify | | | |
| (Last) (First) (Middle) 1000 CRANBERRY WOODS DRIVE | | · / | 3. Date of Earliest Transaction (Month/Day/Year) 12/10/2024 | | below) | below) | | | |
| (Street) CRANBERRY WOODS TOWNSHIP | РА | 16066 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) | idual or Joint/Group Filing Form filed by One Repo Form filed by More than Person | rting Person | | | |
| (City) | (State) | (Zip) | | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Code (| ransaction Disposed O ode (Instr. 5) | | | | Securities Beneficially | Form: Direct (D) or Indirect (I) (Instr. 4) | Ownership |
|----------------------------|--|---|--------|---|--------|---------------|----------|------------------------------------|---|------------|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |
| Common Stock, no par value | 12/10/2024 | | Α | | 10.255 | Α | \$0.0000 | 3,566.4985 | D | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 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) | | of Deriv Secu Acqu (A) o Dispo of (D (Instr | of Expiration Date | | f Expiration Date (Month/Day/Year) Amount of Securities Derivative Securities derivative Securities cquired Jord | | Expiration Date A Month/Day/Year) S U D S S | | on Date Amount of De Day/Year) Securities Se Underlying (In Derivative Security (Instr. | | e Amount of ar) Securities Underlying Derivative Security (Instr. | | Securities Beneficially Owned Following Reported Transaction(s) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|------------------------------|---|--|--------------------|---------------------|---|-------|--|--|---|--|---|--|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | | | | |

Explanation of Responses:

Richard W. Roda, Attorney in 12/12/2024

Fact

** 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.