FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

Name and Address of Reporting Person* Savi Luca	2. Date of E Requiring S (Month/Day 07/01/202	statement /Year)	3. Issuer Name and Ticker or Trading Symbol MSA Safety Inc [MSA]					
(Last) (First) (Middle) 1000 CRANBERRY WOODS DRIVE			Relationship of Reporting Issuer (Check all applicable) X Director	Person(s) to		5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Street) CRANBERRY WOODS PA 16066 TOWNSHIP (City) (State) (Zip)			Officer (give title below)		(specify	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person		
Table I - Non-Derivative Securities Beneficially Owned								
1. Title of Security (Instr. 4)			. Amount of Securities Beneficially Owned (Instr.)			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 Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of S Underlying Derivative So (Instr. 4)		4. Conversi or Exerci Price of	ise Form:	6. Nature of Indirect Beneficial Ownership (Instr.	
				Amount	Derivativ	Direct (D) e or Indirect	5)	

Explanation of Responses:

Remarks:

poa.pd

No securities are beneficially owned.

Stephanie L. Sciullo, Attorney in fact

07/07/2021

** 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.