FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 3235-0287

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).			STATEMENT OF CHANGES IN BENEFICIAL OWNER Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940													RSHIP OMB I Estima hours			3235-0287 en 0.5
1. Name and Address of Reporting Person* Roberts Rebecca B					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)						
														Х	Direc	tor er (give title		10% O Other (
(Last) (First) (Middle) 1000 CRANBERRY WOODS DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 08/13/2021										belov			below)	speeny
(Street) CRANBERRY WOODS PA 16066 TOWNSHIP					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) (State) (Zip)																			
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	luired	, Dis	posed of	f, or B	enef	icially	/ Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day				ay/Year) if any		Deemed cution Date, ly nth/Day/Year)		3. Transaction Code (Instr. 8)			s Acquired (A) f (D) (Instr. 3, 4		4 and Secu Ben Own		cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) o (D)	r Prie	ice Reported Transaction (Instr. 3 and		ction(s)			(Instr. 4)
Common Stock, no par value 08/13/2					021				G	v	175 D \$		\$ <mark>0</mark>	.0000	000 11,579			D	
		Tal	ble II -								osed of, convertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	rivative Conversion Date Execut curity or Exercise (Month/Day/Year) if any		emed 4. tion Date, //Day/Year) 8)				6. Date Exercisable an Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) Amou or		tr.	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		LO. Dwnership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

Explanation of Responses:

Stephanie L. Sciullo, Attorney 08/16/2021

in fact

Expiration Date

** Signature of Reporting Person Date

Number

of Shares

Title

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.

Code V

(A) (D)

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.

Date Exercisable