FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO | OVAL | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | |
| Estimated average burden | | | | | | | |
| hours per response: | 0.5 | | | | | | |

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

| 1. Name an SHAW | 2. Issuer Name and Ticker or Trading Symbol MINE SAFETY APPLIANCES CO [MSA] | | | | | | | | | | | all app | tionship of Reportir all applicable) Director | | on(s) to Is | | | | | | | |
|---|---|--|---|----------|---|--|--|---------------------------------|---|--------|----------------------|--|---|-------------------------------|---|---|---|-----------------------------------|---------|--|--|--|
| (Last) 11377 TU | (Fir | | 3. Date of Earliest Transaction (Month/Day/Year) 03/08/2013 | | | | | | | | | | Officer (give title below) | | Other (below) | | (specify | | | | | |
| (Street) N. PALM BEACH FL 33408 (City) (State) (Zip) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | on | | |
| | | Tab | le I - No | n-Deriva | ative \$ | Sec | uritie | s Acc | quired, | Dis | posed o | f, o | r Be | nefi | cially | Owne | ed | | | | | |
| | | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, | | | | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Pri | e | Transa | action(s) 3 and 4) | | | () | | |
| Common Stock, no par value | | | | 03/08/ | | | | G | V | 20,500 | | D | \$0 | .0000 | 398,416 ⁽¹⁾ | |] | D | | | | |
| Common | Stock, no p | ar value | | | | | | | | | | | | | | 28 | 35,592 | 5,592 I 2010 GRAT | | | | |
| Common | Stock, no p | ar value | | | | | | | | | | | | | | 8 | 5,123 | I By Wife | | | | |
| Common | Stock, no p | ar value | | | | | | | | | | | | | | 13 | 35,440 | 40 I By Wife as Trustee | | | | |
| | | Ta | | | | | | | | | osed of, onvertib | | | | | wned | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Execution Date, if any | | 4. Transaction Code (Instr. 8) | | 5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5 | ative rities ired osed | 6. Date E Expiration (Month/I | on Dat | | 7. Title and Amount of Securities Underlying Derivative Security (Insti and 4) | | of s ng e (Instr. | Deri Sec (Ins | rice of ivative urity tr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(: (Instr. 4) | Ow For Dir or I (I) (| nership | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Titl | 0 N 0 | r Iumbe | | | | | | | | |

Explanation of Responses:

 $1.\ Reflects\ redistribution\ of\ 111,955\ shares\ from\ 2010\ Grantor\ Retained\ Annuity\ Trust\ to\ Direct\ ownership.$

<u>Douglas K. McClaine,</u> <u>Attorney in Fact</u> <u>03/11/2013</u>

** 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.