FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|--|--|--|
| 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(h) |

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* WITMER THOMAS H | | | | | | 2. Issuer Name and Ticker or Trading Symbol MINE SAFETY APPLIANCES CO [MSA] | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| WITWER THOWAS II | | | | | | | | | | | | | | | Directo | or | | 10% Ov | vner | | |
| (Last) (First) (Middle) 121 GAMMA DRIVE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/14/2010 | | | | | | | | | | (give title | | Other (s below) | specify | | |
| RIDC INDUSTRIAL PARK | | | | | | | endment, | Date o | f Original F | iled | (Month/Da | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | | | |
| (Street) PITTSBURGH PA 15238 | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | | | | | | | | |
| | | Tab | le I - Nor | n-Deriv | /ative | e Se | curitie | s Acc | uired, [| Disp | osed c | of, or Be | nefici | ally | Owned | 1 | | | | | |
| Diameter Security (mean sy | | | | | te onth/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Disposed Code (Instr. 5) | | rities Acquired (A) or ed Of (D) (Instr. 3, 4 and | | | | es For ally (D) Following (I) (| | n: Direct r Indirect istr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | | e | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | |
| Common | Stock, no | par value | 4/201 | 2010 | | A | | 1,76 | ,764 A | | 0 | 31,538 | | | D | | | | | | |
| | | ٦ | able II - | | | | | | ired, Di options | | | | | | Owned | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | Date, | 4. Transa Code (8) | | of | | 6. Date Exe Expiration I Month/Day | Date | | 7. Title and Amount of Securities Underlying Derivative Sect (Instr. 3 and 4) | | S (I | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership t (Instr. 4) | | |
| | | | | | Code | v | (A) | | Date Exercisable | | opiration | Title | Amount or Number of Shares | er | r | | | | | | |
| Non- statutory Stock | \$29.33 | 05/14/2010 | | | A | | 3,715 | | 05/14/2013 | 05 | 5/14/2020 | Common Stock, no par value | 3,71 | 5 | \$0 | 3,715 | | D | | | |

Explanation of Responses:

Remarks:

Douglas K. McClaine, Attorney in Fact 05/18/2010

** 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.