FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| | | |

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|------------------|------------|---------------|------------------|

OMB APPROVAL OMB Number: 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 and Address of Reporting Person* BIGLER JOSEPH A | | | | | | 2. Issuer Name and Ticker or Trading Symbol MSA Safety Inc [MSA] | | | | | | | | | all applic Directo | licable) | | Person(s) to Issuer 10% Owner Other (specify | |
|--|---------------------------------------|---------------------|---|---|---|---|--|--------|--|-------------------------------------|-----------------------------|--|---|---|---|--|---|--|--|
| (Last) 1000 CR | (First) (Middle) RANBERRY WOODS DRIVE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/29/2014 | | | | | | | | | below) Vice President | | | | |
| WOODS | CRANBERRY WOODS PA 16066 COWNSHIP | | | | 4.1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable le) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | on |
| (City) | (3 | , | (Zip) | Non-Deri | vative | Soc | uriti | ios A | cauire | | ienosed c | of or B | eneficis | ılly C | Jwnec | <u> </u> | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day) | | ion | 2A. Deemed Execution Date, | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an | | | 5. Amo Securi Benefi Owned | | int of es ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | Code | v | Amount | (A) or (D) | Price | Report Transa (Instr. | | ed ction(s) 3 and 4) | | | (Instr. 4) | | | |
| Common Stock, no par value 10/29/2 | | | 10/29/2 | 014 | 14 | | M | | 2,495 | A | \$40.0 | 08 4 | | 0,897 | | D | | | |
| Common | Common Stock, no par value 10/29/20 | | 014 | .4 | | F | | 1,858 | D | \$54.6 | 4.6 | | 39,039 | | D | | | | |
| Common Stock, no par value 10/29/20 | | | 014 | s 2,298 D \$55.0853 ⁽¹⁾ 36,741 | | ,741 | | D | | | | | | | | | | | |
| | | Т | able | | | | | | | | sposed of, | | | | vned | | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security | | se (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exerc Expiration D (Month/Day/ | | cisable and | 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | 8. F Der Sec (Ins | Price of ivative curity str. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Own Forn Direct or In (I) (In | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | C | Code | v | (A) | (D) | Date Exerci | sable | Expiration Date | Title | Amount or Number of Shares | | | | | | |
| Incentive Stock Option | \$40.08 | 10/29/2014 | | | M | | | 2,495 | 02/27/ | /2009 | 02/27/2016 | Commo Stock, n | o 2,495 | \$ | 40.08 | 0.0000 | | D | |

Explanation of Responses:

1. Share price on this transaction ranged from \$55.08 to \$55.11.

Douglas K. McClaine, 10/31/2014 **Attorney in 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.