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 | | | | | | | | |

0.5

hours per response:

| 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 S | Section | 1 30(h) | of the | Investme | ent Co | mpany Act | of 1940 | | | | | | | | |
|---|---|--|-----------------|----------|--------------------------------------|--|--|--------|---|--------|-----------------------|---|--------------------------------------|---------------------|--|--|---|--|--|--|
| 1. Name and Address of Reporting Person* MAYGER DOUGLAS W | | | | | | 2. Issuer Name and Ticker or Trading Symbol MINERALS TECHNOLOGIES INC MTX | | | | | | | | | k all app Dired Offic | olicable) ctor er (give title | Other | Owner (specify | | |
| (Last) (First) (Middle) 622 THIRD AVENUE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/17/2015 | | | | | | | | | X Officer (give title Other (specify below) Senior Vice President | | | | | |
| (Street) NEW YORK NY 10017 (City) (State) (Zip) | | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tabl | le I - No | on-Deriv | /ative | Sec | uritie | s Ac | quired | l, Di | sposed o | f, or I | 3enefi | cially | Owne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day | | | | | tion 2A. I Exec y/Year) if an | | . Deemed ecution Date, | | 3. Transaction Code (Instr. 8) | | | | or 5. Amo and 5) Securi Benefi | | icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | | v | Amount | (A) or (D) | | e | Transaction(s) (Instr. 3 and 4) | | | (11311.4) | | |
| Common | Stock | | | 02/17/ | /2015 | | | | S | | 3,623 | D | \$7 | 1.39 ⁽¹⁾ | 23,348 | | D | | | |
| Common | Stock | | | | | | | | | | | | | | 3,525 I By 401(k)(| | | | | |
| | | Та | able II - | | | | | | | | osed of, convertib | | | | wned | | , | , | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Execution Date, | | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration | | | 7. Title Amou Securi Under Deriva Securi and 4) | nt of ties lying | Deri Sec (Ins | rice of ivative urity tr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

- 1. Weighted average price representing high of \$71.62 and low of \$71.04.
- $2. \ The information contained in this report is based on a Plan Statement dated as of February 17, 2015.$

Thomas J. Meek for Douglas W. Mayger

02/18/2015

** 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.