FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
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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*  PASQUALE MICHAEL F					2. Issuer Name and Ticker or Trading Symbol MINERALS TECHNOLOGIES INC [ MTX ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director 10% Owner     Officer (give title Other (specif				ner	
(Last) (First) (Middle) MINERALS TECHNOLOGIES INC. 405 LEXINGTON AVENUE					3. Date of Earliest Transaction (Month/Day/Year) 06/09/2006								below)	(give une		below)	Scony	
(Street) NEW YORK NY 10174  (City) (State) (Zip)				4. I	4. If Amendment, Date of Original Filed (Month/Day/Year)								S. Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
1. Title of Security (Instr. 3) 2. Transa Date				ransaction	2A. Deemed Execution Date,			quired, Disposed of, or Benefit  3. Transaction Code (Instr. 8)  4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) 5)			I (A) or	or 5. Amount of		Form:	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code V		mount	(D)		Transacti (Instr. 3 a	r. 3 and 4)			(Instr. 4)	
		1	able II - Der (e.g								, or Bene ble secur		Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code		n of		6. Date Exercisable and Expiration Date (Month/Day/Year)		e and	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		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)	(D)	Date Exercisable	Expir Date	ration	Title	Amount or Number of Shares	umber					
PHANTOM STOCK UNITS	<b>\$</b> 0 <sup>(1)</sup>	06/09/2006		A	v	6.242		(2)	(2	(2)	COMMON STOCK	6.242	\$56.79	6,495.029	9(3)	D		

## **Explanation of Responses:**

- 1. EACH PHANTOM STOCK UNIT, WHEN REDEEMED, WILL HAVE THE VALUE OF ONE SHARE OF THE COMPANY'S COMMON STOCK ON THE FIRST BUSINESS DAY OF THE MONTH IN WHICH PAYMENT IS MADE.
- 2. THE PHANTOM STOCK UNITS WERE ACCRUED UNDER THE MINERALS TECHNOLOGIES INC. NON-FUNDED DEFERRED COMPENSATION AND UNIT AWARD PLAN FOR NON-EMPLOYEE DIRECTOR'S AND ARE TO BE SETTLED IN CASH UPON THE REPORTING PERSON'S RETIREMENT.
- 3. THE REPORTING PERSON ALSO DIRECTLY OWNS EMPLOYEE STOCK OPTIONS (I) TO PURCHASE 151 SHARES OF MTX COMMON STOCK AT \$39.53 PER SHARE WHICH BECAME EXERCISABLE IN THREE EQUAL ANNUAL INSTALLMENTS BEGINNING ON JANUARY 28, 2000 AND EXPIRING ON JANUARY 28, 2009 AND (II) TO PURCHASE 168 SHARES OF MTX COMMON STOCK AT \$46.625 PER SHARE WHICH BECAME EXERCISABLE IN THREE EQUAL ANNUAL INSTALLMENTS BEGINNING ON JANUARY 24, 2003 AND EXPIRING ON JANUARY 24, 2012.

## Remarks:

<u>VICTORIA LUKAUSKAS</u> <u>FOR MICHAEL F.</u>

06/12/2006

<u>PASQUALE</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.