FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

| Si ol | heck this box if no longer subject to ection 16. Form 4 or Form 5 bligations may continue. See istruction 1(b). |
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| Jon | as and Address of Departing Days |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| haiira nar raananaa. | 0.5 | | | | | | | | |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* MASSIMINE KENNETH L (Last) (First) (Middle) MINERALS TECHNOLOGIES INC. | | | | | 3. E | 2. Issuer Name and Ticker or Trading Symbol MINERALS TECHNOLOGIES INC [MTX] 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | | neck all ap Dire X Offic belo | elationship of Reporting Period all applicable) Director Officer (give title below) SENIOR VICE PR | | | vner specify |
|---|---------|------------|---|-----------|--|---|--------|---|--|-----------------|--|--|-------|---|---|--|--|--|---|-----------------|
| 405 LEXINGTON AVENUE (Street) | | | | | 05/07/2007 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 | | | | . | |
| NEW YO | | | 10174 (Zip) | | - | | | | | | | | | | | For | Form filed by More than One Reporting Person | | | |
| | | Tab | le I - No | n-Deriv | vative | Se | curiti | es A | cqu | ıired, | Dis | osed o | of, o | r Bei | neficia | lly Own | ed | | | |
| Date | | | Date | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | 3. Transaction Code (Instr. r) 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | d (A) or tr. 3, 4 and | d Secu Bene Owne | icially d Following | Forr (D) (| m: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | | Code V | | Amount | | (A) or (D) | Price | Trans | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) |
| Common Stock | | | 05/0′ | 5/07/2007 | | | | | M | | 860 | | A | \$39. | 53 | 5,148 | | D | | |
| Common Stock | | | 05/0 | 5/07/2007 | | | | Ì | S | | 860 | | D | \$66. | 78 | 4,288 | | D | | |
| Common Stock | | | | | | | | | | | | | | | - | 2,558(1) | | I | By 401(k) Plan | |
| | | Т | able II - | | | | | | | | | sed of onverti | | | | / Owne | I | • | • | |
| Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any | | | 4. Transaction Code (Instr. 8) | | n of | | Exp | 6. Date Exercisal Expiration Date (Month/Day/Year | | | Amo Secu Und Deri | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivativ Security (Instr. 5) | | Owners Form: Direct (I or Indirect) (I) (Instr | Ownership | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Dat Exe | te ercisable | | epiration ate | Title | | Amount or Number of Shares | | | | | |
| Employee Stock Option (Right to | \$39.53 | 05/07/2007 | | | М | | | 860 | | (2) | 01 | ./28/2009 | | nmon ock | 860 | \$0 | 62,768 | 3 | D | |

Explanation of Responses:

- 1. Mr. Massimine has 2,558 shares of Minerals Technologies Inc. common stock under the Company's 401(k) plan. The information contained in this report is based on a plan statement dated as of May 7, 2007.
- 2. The options vested in three equal annual installments beginning on January 28, 2000.

Remarks:

LASZLO SERESTER FOR KENNETH L. MASSIMINE

05/09/2007

** 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.