FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20049	

washington, D.C. 20549	OMB APPR	OVAL		
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0		
	H = 2			

OMB Number:	3235-0287								
Estimated average burden									
hours ner 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 ]							(Che	elationship o ck all applica Director	able)	Perso	10% Ow	ner
		OLOGIES INC.	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 10/01/2003							Officer ( below)	give title		Other (s below)	pecify	
(Street)	NGTON A'		0174	4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)					Line	dividual or Joint/Group Filing (Check Applicable )  X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(Sta	ate) (2	Zip)														
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
Date			nsaction h/Day/Ye	action 2A. Deemed Execution Date, if any (Month/Day/Year)			3. Transaction Code (Instr. 3, 4) 1) 8)  4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) 5)			(A) or . 3, 4 and	5. Amoun Securities Beneficia Owned Fo Reported	s ally following (	Form:	Direct I Indirect I str. 4)	7. Nature of Indirect Beneficial Ownership		
							Code V	An	mount	(A) or (D)	Price	Transacti (Instr. 3 a	ion(s)			(Instr. 4)	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																
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 (Inst		on of		6. Date Exercisable and Expiration Date (Month/Day/Year)		and	7. Title and Amor of Securities Underlying Derivative Secur (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Ov Fo Dii or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expira Date	ation	Title	Amount or Number of Shares					
PHANTOM STOCK UNITS	\$0 <sup>(1)</sup>	10/01/2003	10/01/2003	A	v	16.25		(2)	(2	2)	COMMON STOCK	16.25	\$51.5	4,244.97	8 <sup>(3)</sup>	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:

VICTORIA LUKAUSKAS FOR MICHAEL F.

10/02/2003

**PASQUALE** 

\*\* 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.