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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

| Check this box if no longer subject Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). | |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| - | - | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
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| hours per response: | 0.5 | | | | | | | |

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|--------------|-----------|------------|--|--|-------------------------------|-----------------------|--|--|--|
| | | | 2. Issuer Name and Ticker or Trading Symbol MINERALS TECHNOLOGIES INC | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| | | <u>, F</u> | | X | Director | 10% Owner | | | |
| (Last) | (First) | (Middle) | | | Officer (give title below) | Other (specify below) | | | |
| MINERALS TE | () | , | 3. Date of Earliest Transaction (Month/Day/Year) 09/17/2007 | | · · · · , | | | | |
| 405 LEXINGTO | ON AVENUE | | | | | | | | |
| , | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indi Line) | vidual or Joint/Group Fili | ng (Check Applicable | | | |
| (Street) | NIXZ | 10174 | | X | Form filed by One Re | porting Person | | | |
| NEW YORK | NY | 10174 | | | Form filed by More the Person | an One Reporting | | | |
| (City) | (State) | (Zip) | | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|---|------------------------------|---|---|---------------|-------|------------------------------------|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (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) | 4. Transa Code (8) | | of E | | 6. Date Exerc Expiration Da (Month/Day/Y | ite | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|------------------------------|---|-------|-----|--|--------------------|--|--|-------------|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Phantom Stock Units | \$0 ⁽¹⁾ | 09/17/2007 | | A | | 6.079 | | (2) | (2) | Common Stock | 6.079 | \$ 0 | 7,371.732 | D | |

Explanation of Responses:

1. Each phantom stock unit is the economic equivalent of one share of the Company's common stock.

2. The phantom stock units were accrued under the Minerals Technologies Inc. Non-Funded Deferred Compensation and Unit Award Plan for Non-Employee Directors and are to be settled in cash upon the reporting person's termination of service as a director.

Remarks:

Laszlo Serester For Michael F. <u>O</u>Pasquale

09/19/2007

** 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.