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 I	burden								
- 1	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* JOHNSON KRISTINA M						2. Issuer Name and Ticker or Trading Symbol MINERALS TECHNOLOGIES INC [MTX									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
]]									X		aive title		10% Ov Other (s	·	
(Last)	(Fir	st) (Middle)			-4	f =1:	4 T		41- /F	20/		_		below)	give title		below)	pecity	
MINERALS TECHNOLOGIES INC.					3. Date of Earliest Transaction (Month/Day/Year) 07/01/2005															
405 LEXI	NGTON A	VENUE			_															
				4. If	If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street) NEW YO	RK NY	7 1	.0174											X	Form fil	ed by One	Repo	rting Person	n	
, TO	Tur IVI		.01/4												Form fil Person		e than	One Repor	ting	
(City)	(Sta	nte) (Zip)																	
		Tab	le I - Non	-Deriva	ative	Se	curitie	es Ac	quired	Dis	posed	of, or Ber	neficia	ally	Owned					
1. Title of Security (Instr. 3) 2. Transa Date (Month/D			Execution ay/Year) if any			Deemed ecution Date, ny enth/Day/Year)		Transaction Dispose Code (Instr. 5)		rities Acquire ed Of (D) (Inst				lly ollowing	Form:	Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	v	Amount	(A) or (D)	Price	,	Transaction(s) (Instr. 3 and 4)				(mau. 4)		
		1	able II - D	Derivat	tive S	Seci	urities	Aca	uired. I	Dispo	osed of	f. or Bene	ficial	lv O	wned					
												ible secu								
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	Date, T	4. Fransa Code (I				6. Date Exercisal Expiration Date (Month/Day/Year			7. Title and Amour 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)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				C	Code	٧	(A)	(D)	Date Exercisab		xpiration ate	Title	Amou or Numb of Share	er						
PHANTOM STOCK UNITS	\$0 ⁽¹⁾	07/01/2005	07/01/20	05	A		60.7		(2)		(2)	COMMON STOCK	60.7	7	\$61.78	4,361.53	3 ⁽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 REPRESENT DIVIDENDS 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 TO PURCHASE 159 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 KRISTINA M. JOHNSON

07/05/2005

** 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.