## FORM 4

## UNIT

Washington, D.C. 20549

ΕD	SIAIES	SECURI	iies <i>f</i>	AND F	<b>EXCHANGE</b>	COMMISSION

OMB APPROVAL 3235-0287 OMB Number: Estimated average burden

0.5

hours per response:

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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

msuucuc	JII 10.																		
Name and Address of Reporting Person*     Deans Alison Ann					2. Issuer Name <b>and</b> Ticker or Trading Symbol MINERALS TECHNOLOGIES INC [ MTX ]								] (Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
														V	_			10% Ow	
(Last) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 09/06/2024									Officer (give title Other (specify below) below)				pecify		
622 THIRD AVENUE					07/00/2024														
38TH FLOOR																			
					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)														V	Form fil	ed by One	Repo	rting Person	
NEW YORK NY 10017-6707														Form filed by More than One Reporting Person					
(City)	(Sta	ate) (	Zip)																
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transa Date (Month/D					Execution Date,		Code (I	Transaction Disposed Of (Disposed Of (Dispos			es Acquired (A) or Of (D) (Instr. 3, 4 and 5)		Beneficia Owned Fo	lly	Form:	Direct I Indirect I str. 4)	7. Nature of ndirect Beneficial Ownership		
								Code	v	Amount	mount (A) or (D)		Price	Reported 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 Da if any (Month/Day/Y	Co	Transaction Code (Instr.				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amou of Securities Underlying Deriv Security (Instr. 3 4)		erivative	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Co	ode	v	(A)	(D)	Date Exercisabl		xpiration ate	Title		Amount or Number of Shares					
PHANTOM STOCK UNITS	(1)	09/06/2024			A		17.762		(2)		(2)	COMMO		17.762	\$0	12,785.	408	D	

## **Explanation of Responses:**

- 1. Each phantom stock unit is the economic equivalent of one share of Minerals Technologies Inc. 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.

TIMOTHY J JORDAN FOR ALISON A DEANS

09/09/2024

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.