FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washing

n, D.C. 20549	
on, D.C. 20549	OMB APPROVA

П	027										
	OMB Number:	3235-0287									
	Estimated average burden										
	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*  CLARK ROBERT L					2. Issuer Name <b>and</b> Ticker or Trading Symbol MINERALS TECHNOLOGIES INC MTX								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
CLARK ROBERT L				11	1								X Directo	or		10% Ow	ner	
,						J 									(give title		Other (sp	pecify
(Last)	(F	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year)								below)			below)	
622 THIRD AVENUE					01/	01/02/2013												
					1	f Amo	ndmont [	Doto	of Original F	ilad (l	Month/Da	Woor)	6 15	dividual or	Joint/Group F	Filing (Cl	hook Ann	liaabla
(Street)					4. "	AIIIC	mumem, i	Jale (	or Original F	ileu (i	IVIOITIII/Da	iy/ i cai )	Line		Joint/Group i	illing (Ci	neck App	licable
NEW YO	ORK N	Y	10017											X Form f	iled by One I	Reportin	g Person	
															iled by More	than On	ne Report	ing
(City)	(S	tate)	(Zip)											Persor	1			
		Tab	le I - Non	-Deriv	ative	e Se	curities	s Ac	quired, D	)isp	osed o	f, or Be	neficial	ly Owned	l			
1. Title of	Security (Ins	tr. 3)		2. Transa	action	Execution Date,			3. 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) Code (Instr. 5)					5. Amou		6. Owner		7. Nature
				Date (Month/E	Day/Ye							tr. 3, 4 and	Securitie Benefici		Form: Di (D) or Inc		of Indirect Beneficial	
				•	•	1	(Month/Da	lonth/Day/Year)		r) 8) `					Owned Following Reported			Ownership (Instr. 4)
									Code V Amoun		(A) or	Price	Transact	tion(s)				
								Amount (D)			(Instr. 3	and 4)						
		•	Table II - I	Derivat	tive	Sec	urities	Acq	uired, Di	spo	sed of,	or Bene	eficially	Owned				
			(	e.g., p	uts,	call	s, warr	ants	, options	, cc	onvertil	ole secu	rities)					
1. Title of	2.	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date, T	4. Transaction Code (Instr. 8)		5. Numl	ber	6. Date Exercisable and		ble and	7. Title and	d Amount	8. Price of	9. Number	of 10.		11. Nature
Derivative Security	Conversion or Exercise						tr. Derivative Securities					of Securiti Underlying		Derivative Security	derivative Securities		vnership rm:	of Indirect Beneficial
(Instr. 3)	Price of								Derivative Secu				Security	(Instr. 5)	Beneficially	y Dir	rect (D)	Ownership
Derivative Security							Acquired (A) or Disposed		(Instr. 3 and 4)				id 4)		Owned Following Reported Transaction(s)		or Indirect (I) (Instr. 4)	(Instr. 4)
														'''				
							of (D) (Instr. 3, 4 and 5)								(Instr. 4)	11(5)		
										Т			Amount	1				
													or Number					
						l			Date		xpiration		of					
				ļ°	Code	٧	(A)	(D)	Exercisable	Da	ate	Title	Shares					
Phantom Stock Units	(1)	01/02/2013			A		41.168		(2)		(2)	Common Stock	41.168	\$0	6,638.33	9	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 eash upon the reporting person's termination of service as a director.

## Remarks:

Thomas J. Meek for Robert L. 01/04/2013 Clark

\*\* 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.