FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	OMB APPROVAL
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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).

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

1. Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol MINERALS TECHNOLOGIES INC [MTX]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
<u>Deans Alison Ann</u>														X Directo	or	10% O	wner	
(Last) (First) (Middle)														Officer below)	(give title	Other (below)	specify	
COO TELLED AN IENILIE						3. Date of Earliest Transaction (Month/Day/Year)								,		,		
38TH FLOOR					01/	01/02/2020												
381H FL	LOOK				4. 11	f Ame	ndment. [Date o	of Original F	iled (1	Month/Da	v/Year)	6. 1	ndividual or J	loint/Group Fi	ling (Check Ap	plicable	
(Street)					.	. ,			Origina	(.		.,,,,,	Line			g (eea)	piiodoio	
•		10017											X Form fi	led by One R	eporting Perso	n		
——————————————————————————————————————													Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)															
		Tab	le I - Nor	า-Deriv	/ative	e Se	curities	AC	quired, E	Disp	osed o	f, or Be	neficial	ly Owned	I			
1. Title of Security (Instr. 3) 2. Transac					action		2A. Deeme		3. 4. Securities Acquired (A)								7. Nature	
Date (Month/Da				Day/Ye				Transaction Disposed Of (D) (Instr. 3, Code (Instr. 5)			tr. 3, 4 and	Beneficia	illy (D) o	orm: Direct) or Indirect	of Indirect Beneficial			
							(Month/Day/Yea		r) 8)		<u> </u>			Owned F Reported		(Instr. 4)	Ownership (Instr. 4)	
								Code	v	Amount (A) or (D)		Price	Transact (Instr. 3	ion(s)		,		
		-	Гable II -	Deriva	tive	Seci	urities /	Acai	uired. Di	spo	sed of.	or Ben	eficially	Owned		<u> </u>		
									, options									
1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution	Date,	4. Transa				6. Date Exercisable and Expiration Date 7. Title an of Securit			ies	8. Price of Derivative	9. Number of derivative	Ownershi			
Security (Instr. 3)	or Exercise Price of		if any (Month/Day/Year)		Code (Inst		Securities		(Month/Day/Year) Underlying Derivative Sec				Security	Security (Instr. 5)	Securities Beneficially	Form: Direct (D)	Beneficial Ownership	
Derivative Security						Acquire (A) or	Acquired (A) or		(Instr. 3 and 4)					Owned Following	or Indirect (I) (Instr. 4)	(Instr. 4)		
					Disposed of (D) (Instr. 3, 4 and 5)									Reported Transaction(s) (Instr. 4)				
												J	5,					
													Amount					
													Number					
					Code	v	(A)	(D)	Date Exercisable		cpiration ate	Title	of Shares					
Phantom Stock Units	(1)	01/02/2020			A		65.286		(2)		(2)	Common Stock	65.286	\$0	2,774.326	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.

THOMAS J. MEEK FOR **ALISON DEANS**

01/03/2020

** 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.