FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| C. 20549 | OMB APPROVAL |
|----------|--------------|
| | |

| | 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] | | | | | | | | ationship of k all applica Director | | erson(s) to Iss 10% C | | |
|---|--|--|---------------------|---------------|---|--|-----|--|---------------|--------|--|-------------------------------------|---|--|--|--|--|
| (Last) MINERA | (Fir | st) | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 04/01/2005 | | | | | | | | Officer (g | give title | Other below) | specify | |
| 405 LEXINGTON AVENUE | | | | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | |
| (Street) NEW YORK NY 10174 | | | | _ _ | | | | | | | | Line) X | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (St | - | (Zip) | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | |
| Date | | | | nth/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Yea | | r, Transaction D Code (Instr. | | | Securities Acquired (A) sposed Of (D) (Instr. 3, 4 | | 5. Amount Securities Beneficiall Owned Fol | y (C | Ownership orm: Direct O) or Indirect (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | Code V | / Ai | mount | (A) or (D) | Price | Reported Transactio (Instr. 3 an | | | (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) | ate Execution Date, | Code (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) | Ownersh Form: Direct (D) or Indirect (I) (Instr. | Beneficial Ownership t (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expir Date | ration | Title | Amount or Number of Shares | | (Instr. 4) | 1(5) | | |
| PHANTOM STOCK UNITS | \$0 ⁽¹⁾ | 04/01/2005 | 04/01/2005 | A | | 164.624 | | (2) | (2 | (2) | COMMON STOCK | 164.624 | \$65.3 | 4,023.204 | 4 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.

Remarks:

VICTORIA LUKAUSKAS FOR JOHN T. REID

04/04/2005

** 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.