FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

3 ,

OMB APPROVAL								
OMB Number:	3235-028							

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

					<u> </u>		00()	0	mvesimem		, pa, , 10	. 0. 20 .0							
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)					
CHOLMONDELEY PAULA H				1									X	Direct	or		10% O	wner	
					,											r (give title		Other (specify
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year)										below)		below)	
405 LEXINGTON AVENUE					03/17/2010														
(Ctroot)		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					
NEW TORK INT 101/4														Form filed by More than One Reporting					
(City)	(S	tate)	(Zip)												Person				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1 Title of 9	Security (Ins	tr 3)	2	2. Transac	tion	72	A. Deer	ned	3.	Ť	4. Secur	ities Acqui	red (A) o	r	5. Amou	ınt of	6. 0	wnership	7. Nature
1. 1100 01 3	occurry (ms	0)	D	Date	Execution Date if any (Month/Day/Yea			e, Transaction Disposed Of (D) (Inst					Securities F		Forn	n: Direct	of Indirect Beneficial		
			"	MOHUI/Da										Owned	Following (I) (I		nstr. 4)	Ownership	
									Code	v	Amount	nt (A) or P		e	Reporte Transac (Instr. 3	ction(s)			(Instr. 4)
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
		•							s, options						····ou				
1. Title of	2.	3. Transaction Date (Month/Day/Year)	3A. Deemed	4.					6. Date Exercisable a		ole and			8. Price		9. Number		10.	11. Nature
Derivative Security	Conversion or Exercise		Execution Da		Transaction Code (Ins				Expiration Date (Month/Day/Year)			Amount of Securities		Derivative Security		derivative Securities		Ownership Form:	of Indirect Beneficial
(Instr. 3) Price of (Month/Day/Yea					•		Securities Acquired		Underlying Derivative Se					(In	str. 5) Beneficia Owned			Direct (D) or Indirect	
	Security						(A) or	.	(Instr. 3 and 4)					'		Following		(I) (Instr. 4)	(111501. 4)
							Dispo									Reported Transaction(s)			
							(Instr. 3, 4 and 5)									(Instr. 4)			
								Т		Amo		ıt							
													or Numbe	.					
				\	ode	v	(A)	(D)	Date Exercisable		piration	Title	of Shares						
DI .					,ue	•	(^)	(0)	LACICISADIE	100		1100	Jilaies	+					
Phantom Stock Units	(1)	03/17/2010			A		4.52		(2)		(2)	Common Stock	4.52		\$0	4,905.39	99	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.

Remarks:

Thomas J. Meek for Paula H. J. Cholmondeley 03/19/2010

** 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.