FORM 4
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Check this box if no longer subject to

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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OMB Number:	3235-0287										
Estimated average burden											
hours per response:	0.5										

1. Title of Security	(Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any	3. Transaction Code (Instr.	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4	or	5. Amount of Securities Beneficially	6. Ownership Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial				
		Table I - No	n-Derivative S	ecurities Acqu	uired, Disp	osed of, or Benefic	ially (	Owned						
(City)	(State)	(Zip)												
NEW YORK NY 10174								Form filed by More than One Person		orting				
(Street)							Line) X	Form filed by 0	One Reporting Pers	son				
405 LEXINGTO	ON AVENUE		4. If Am	endment, Date of C	Driginal Filed (	Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicab							
MINERALS TE	CHNOLOGIE	S INC.	10/01/	2005										
(Last)	(First)	(Middle)	3. Date	of Earliest Transac	tion (Month/D	ay/Year)		Officer (give tit below)	e Other below	(specify /)				
1. Name and Address of Reporting Person*   MEISTER PAUL M				r Name <b>and</b> Ticker ERALS TEC		<sup>mbol</sup> <u>GIES INC</u> [ MTX ]		ationship of Repor call applicable) Director	ting Person(s) to Is	ssuer Owner				
				( )		. ,								
obligations may Instruction 1(b).	continue. See			d pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940										

(Month/Day/Year)	if any (Month/Day/Year)	Code ( 8)		Disposed Of (	D) (IIIsti.	5, 4 anu 5)		(D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
	c		v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1150.4)
	curities Acqui Is, warrants, d	,		,			wned		

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)		of Securities		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
PHANTOM STOCK UNITS	\$0 <sup>(1)</sup>	10/01/2003	10/01/2003	A		54.028		(2)	(2)	COMMON STOCK	54.028	\$50.9	8,623.563 <sup>(3)</sup>	D	
PHANTOM STOCK UNITS	\$0 <sup>(1)</sup>	10/01/2003	10/01/2003	A		16.25		(2)	(2)	COMMON STOCK	16.25	\$51.5	8,639.813 <sup>(3)</sup>	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 WERE 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.

3. THE REPORTING PERSON ALSO DIRECTLY OWNS EMPLOYEE STOCK OPTIONS (I) TO PURCHASE 150 SHARES OF MTX COMMON STOCK AT \$39.53 PER SHARE WHICH BECAME EXERCISABLE IN THREE EQUAL ANNUAL INSTALLMENTS BEGINNING ON JANUARY 28, 2000 AND EXPIRING ON JANUARY 28, 2009 AND (II) TO PURCHASE 159 SHARES OF MTX COMMON STOCK AT \$46.625 PER SHARE WHICH BECAME EXERCISABLE IN THREE EQUAL ANNUAL INSTALLMENTS BEGINNING ON JANUARY 24, 2003 AND EXPIRING ON JANUARY 24, 2012.

## **Remarks:**

VICTORIA LUKAUSKAS FOR PAUL M MEISTER

\*\* Signature of Reporting Person

10/02/2003

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.