## FORM 4

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

INITED STATES SECURITIES AND	EXCHANGE COMMISSION
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l	OMB APPROVAL

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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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>JOHNS</u>	<u>ON KRIS</u>	STINA M			1	1 1121	VI ILO	11	CIIIVOI	200	JILO I.	INC [ WI	171	V	Director	r		10% Ov	vner
(Last) (First) (Middle)															Officer below)	(give title		Other (s below)	specify
(22 THIDD AVENUE				3. Date of Earliest Transaction (Month/Day/Year)															
38TH FLOOR					09/06/2024														
361H FL	JOK				4 If	Amen	dment	Date	of Original F	iled	(Month/D:	av/Year)		6 Inc	lividual or Je	nint/Group	Filing	(Check App	licable
(Street)						7 411011	diriont, i	Dute	or originar r	cu	(WOTHER D	ay, rour,		Line)	iiviaaai oi o	on to Group	9	(Oncon rip)	mouble
NEW YO	RK NY	7 1	0017-6707											V	Form fi	led by One	Repo	rting Persor	1
NEW TORK N1 10017-0707														Form filed by More than One Reporting Person					
(City)	(Sta	ate) (	Zip)																
		Tab	le I - Non-	Deriva	ative	Sec	uritie	s Ac	quired, l	Dis	osed (	of, or Be	nef	icially	Owned				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)				Execution Date			, Transaction Disposed Of (D) Code (Instr. 5)				ties Acquired (A) or I Of (D) (Instr. 3, 4 a		5. Amour Securities Beneficia Owned F	s Illy ollowing	Form	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	Amount (A) or (D)			Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
		1	able II - D	erivat	ive S uts,	Secu calls	rities , warr	Acq	uired, Di	ispo s, c	osed of onverti	, or Ben ible sec	efic uriti	ially (	Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/Y	c	ransa ode (l		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exe Expiration I (Month/Day	Date		7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securitie Beneficia Owned Following Reported Transacti (Instr. 4)	es ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				С	ode	v	(A)	(D)	Date Exercisable		xpiration ate	Title	OI No	umber					
PHANTOM STOCK UNITS	(1)	09/06/2024			A		2.147		(2)		(2)	COMMON STOCK	1 2	.147	\$0	1,545.6	686	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.

TIMOTHY J JORDAN FOR KRISTINA M JOHNSON

09/09/2024

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.