FORM 4

UNITED STATES

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

SECURITIES AND EXCHANGE COMMISS	ION
---------------------------------	-----

OIVID APPROVAL								
OMB Number:	3235-0287							
Estimated average burd	len							
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

motraotic																			
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>PITTMAN CAROLYN K</u>					MINERALS TECHNOLOGIES INC [MIX]							V	Director	r		10% Ow	ner		
-				— <u> </u>									_		(give title		Other (s	pecify	
(Last)	(Fir	st) ((Middle)		Date o /02/2		Trans	action (Mo	nth/D	ay/Year)				below)			below)		
MINERALS TECHNOLOGIES INC.					10212	023													
622 THIRD AVENUE, 38TH FLOOR				<u> </u>									_						
				4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)						
(Street)													Lilie)	Form fil	led by One	Reno	rting Person		
NEW YO	RK NY	7	10017											_	,		Ü		
														Form filed by More than One Reporting Person					
(City)	(Sta	ate) (Zip)																
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
				ransactio								5. Amoun				7. Nature of ndirect Beneficial			
Date (Month/D				e nth/Day/Y	ay/Year) if any Code (Instr.				Dispose	sed Of (D) (Instr. 3, 4 a			Beneficia		lly (D) or				
				(Month/Day/Yea			ır) 8)	8)					Owned Fo				Ownership (Instr. 4)		
								Code	v	Amount	Amount (A) or Pri		Price	Transaction(s) (Instr. 3 and 4)					
					_	141	_				1,,			1,	. ,				
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Numi	ber	6. Date Ex	ercisa	ble and	7. Title a	nd Am	ount	8. Price of	9. Numbe	er of	10.	11. Nature	
Derivative Conversion Date Execution Date, Tr			Transa		of			Expiration Date of Securities				Derivative Security			Ownership Form:	of Indirect Beneficial			
Security (Instr. 3)	or Exercise Price of	(Month/Day/Year) 8										(Instr. 5)	Beneficially		Direct (D) Ov	Ownership			
	Derivative Security				Acquired (A) or			4)						Owned Following		or Indirect (I) (Instr. 4)	(Instr. 4)		
						ed							Reported Transaction(s)		(,, , , , , , , , , , , , , , , , , ,				
					of (D) (Instr. 3, 4 and 5)									(Instr. 4)					
							П						mount						
												O N	r lumber						
				Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	0							
PHANTOM							H		+										
STOCK UNITS	(1)	01/02/2025		A		65.017		(2)		(2)	STOCE		55.017	\$0	15,584.	495	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 JORDAN FOR CAROLYN PITTMAN

** Signature of Reporting Person Date

01/06/2025

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.