

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

[ ] Check 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,  
Section 17(a) of the Public Utility Holding Company Act of 1935 or  
Section 30(f) of the Investment Company Act of 1940

(Print or Type Responses)

<b>1. Name and Address of Reporting Person*</b>  <b>Johnson Kristina M.</b>  (Last) (First) (Middle)  <b>Minerals Technologies Inc.</b> <b>405 Lexington Avenue</b>  (Street)  <b>New York, NY 10174</b>  (City) (State) (Zip)			<b>2. Issuer Name and Ticker or Trading Symbol</b>  <b>Minerals Technologies Inc. (MTX)</b>			<b>6. Relationship of Reporting Person(s) to Issuer</b> (Check all applicable) <input checked="" type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below)		
			<b>3. I.R.S. Identification Number of Reporting Person, if an entity (voluntary)</b>		<b>4. Statement for Month/Year</b>  <b>August 2002</b>			
			<b>5. If Amendment, Date of Original (Month/Year)</b>		<b>7. Individual or Joint/Group Filing</b> (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by ONE Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person			

### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date  (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			5. Amount of Securities Beneficially Owned at End of Month (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
		Code	V	Amount	(A) or (D)	Price			

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 Instructions 4(b)(v).

**Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.**

(Over)  
SEC 1474 (3-99)

### FORM 4 (continued)

### 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)	4. Transaction Code (Instr. 8)		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 Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned at End of Month (Instr. 4)	10. Ownership Form of Derivative Security: 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	1 for 1	6/14/02	J	--	0.995	--	*	*	Common Stock	0.995	49.62	--	D	--
Phantom Stock Units	1 for 1	6/19/02	J	--	15.000	--	*	*	Common Stock	15.000	49.97	--	D	--
Phantom Stock Units	1 for 1	7/1/02	J	--	16.250	--	*	*	Common Stock	16.250	48.99	--	D	--
Phantom Stock Units	1 for 1	7/18/02	J	--	15.000	--	*	*	Common Stock	15.000	42.74	--	D	--
Phantom Stock Units	1 for 1	7/25/02	J	--	15.000	--	*	*	Common Stock	15.000	37.05	2037.032	D	--

Explanation of Responses:

\* 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.

\*\* 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.

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required to respond unless the form displays a currently valid OMB Number.

**Kristina M. Johnson**  
\*\*Signature of Reporting Person

**Date**