FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPROVAL | | | | | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|--|--|--|
| l | OMB Number: | 3235-0287 | | | | | | | | | | |
| l | Estimated average burden | | | | | | | | | | | |
| l | 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

| 1. Name and | | Reporting Person* | | 2. Issuer Name and Ticker or Trading Symbol MINERALS TECHNOLOGIES INC [MTX] | | | | | | | | ck all applica Director | able) | 10% Owner | | vner | |
|--|---|--|--|---|---|--|---|--|---------------|--|---|--|---|---|-------------------------------|--|--|
| (Last) MINERA | | 3. Date of Earliest Transaction (Month/Day/Year) 05/26/2004 | | | | | | | | below) | give title | | below) | вресну | | | |
| 405 LEXINGTON AVENUE (Street) NEW YORK NY 10174 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) 06/10/2004 | | | | | | | Line) | ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | | tive Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) | | | | | saction 2A. Exe | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | ion str. | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | 5. Amoun | es For ally (D) collowing (I) (| | Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | Code | / | Amount | (A) or (D) | Price | Transaction (Instr. 3 au | | | | (30.7) | | |
| 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) | 3A. Deemed Execution Date if any (Month/Day/Yea | Code | action (Instr. | 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 a of Securities Underlying Security (Ins. 4) | s Derivative | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | e Over For Ally or (I) ion(s) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | | xpiration ate | Title | Amount or Number of Shares | | | | | |
| PHANTOM STOCK UNITS | \$0 ⁽¹⁾ | 05/26/2004 | 05/26/2004 | A | | 35.211 | | (2) | | (2) | COMMON STOCK | 35.211 | \$56.8 | 2,363.3 | 21 | D | |
| PHANTOM STOCK UNITS | \$0 ⁽¹⁾ | 05/26/2004 | 05/26/2004 | A | | 515 | | (2) | | (2) | COMMON STOCK | 515 | \$57.08 | 2,903.3 | 21 | 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.

Remarks:

VICTORIA LUKAUSKAS FOR JOHN T. REID

06/10/2004

** 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.