FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
nstruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Savings Plan

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 Address of Reporting Person* BRADY WILLIAM J						2. Issuer Name and Ticker or Trading Symbol CABOT CORP [CBT]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify					
(Last) (First) (Middle) C/O CABOT CORPORATION TWO SEAROPT LANE SHITE 1200						3. Date of Earliest Transaction (Month/Day/Year) 05/12/2005								X Officer (give title Street Green (give title					
(Street) BOSTON MA 02210 (City) (State) (Zip)					4.	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person												rson	
4 Tid - 40			ble I - N	1		_			1	ed, D				Ily Owned		C 0	mahim 7	Nature of	
Date				Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (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 Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)			nstr. 4)		
Common Stock 05/12/20					2005)5		F		1,683	D	\$28.88	114,359		D				
Common Stock													5,338		1		Chrough the Trustee of the Corporation's detirement avings Plan.		
			Table I								sposed o			y 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 Date, if any (Month/Day/Year)		4. Transa Code (8)		on of		6. Date E Expiration (Month/I	on Dat		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Num deriva Securi Benefi Owned Follow Report Transa (Instr.	tive ties cially I ing ted action(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership et (Instr. 4)	
					Code	e V	(A)		Date Exercisa		Expiration Date	Title	Amount o Number o Shares						
Series B ESOP Convertible Preferred Stock	(1)								(2)		(2)	Common stock	9,581.22	2	65	5.46	I	Through the Trustee of the Corporation's Retirement	

Explanation of Responses:

- 1. Each share is convertible into 146.4 shares of the Corporation's common stock.
- 2. Under the Retirement Savings Plan, the Corporation allocates Series B ESOP Convertible Preferred Stock to each participant's account on a quarterly basis. Subject to certain terms and conditions of the Retirement Savings Plan, participants may elect to receive distributions of their vested account balance in the form of shares of the Corporation's common stock or cash. Generally, a participant is 20% vested in his account after 2 years of service with the Corporation; 40% vested after 3 years of service; 60% vested after 4 years of service; and 100% vested after 5 years of service.

Remarks:

Michaela Allbee, pursuant to a power of attorney from William 05/13/2005 **Brady**

** 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.