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
Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
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Estimated average burden									
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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* <u>CORDEIRO EDUARDO E</u>						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					
(Last) (First) (Middle) C/O CABOT CORPORATION TWO SEAPORT LANE					3. Date of Earliest Transaction (Month/Day/Year) 12/03/2013									X Officer (give title Other (specify below) Executive Vice President, CFO						
(Street) BOSTO							ndme	nt, Date	of Or	iginal F	Filed (Mont	h/Day/		Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
		Tak	le I	- Non-Der	ivativ	e Sec	urit	ies Ad	cqui	red, I	Dispose	d of,	or Be	neficial	ly Owned					
Date			Date Ex- (Month/Day/Year) if a		Execution Date, if any		Co	Transaction Code (Instr.						5. Amount of Securities Beneficially Owned Follo		6. Owners Form: Dir (D) or Ind (I) (Instr. 4	ect Indii irect Ben	7. Nature of Indirect t Beneficial Ownership		
					worth, D	ayric	Co	de \	V A	mount	(A) o	Price		Reported Transaction((Instr. 3 and	s)	(i) (iiisu	(Inst			
Common Stock				12/03/201	/03/2013				1		33,500	A	\$2	23.15	97,902	2 D				
Common Stock			12/03/2013				5	5		48,753	D	\$48.	2252(1)	49,149	9 D					
Common Stock 12			12/04/201	3			(3	V	1,000	D	\$	0.00	48,149	9 D					
Common Stock															9,224.8 ⁽²⁾		I	Tru the Cor Ret	Through the Trustees for the Corporation's Retirement Savings Plan	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
Derivative Conversion Date Security or Exercise (Month/Day/Year)		Exe if ar	Deemed cution Date, ny nth/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Inst 3, 4 and 5)		Expiration (Month/D		Exercisable and on Date Day/Year)		7. Title and Amour of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exe	e ercisabl	Expirati e Date		Γitle	Amount or Number of Shares						
Employee Stock Option (Right to	\$23.15	12/03/2013			M			33,500		(3)	11/12/20	019	Common Stock	33,500	\$0.00		0	D		

- 1. The price reported is a weighted average sale price. These shares were sold in multiple transactions at prices ranging from \$48.00 to \$48.941538, inclusive. The reporting person undertakes to provide to the staff of the Securities and Exchange Commission, the Corporation or any security holder of the Corporation, upon request, full information regarding the number of shares sold at each separate price.
- 2. Reflects retirement plan contributions by the Corporation, including contributions that have occurred since the date of the reporting person's last ownership report.
- 3. 33,500 shares are subject to the option. The option vested over a three year period as follows: 30% on November 13, 2010, 30% on November 13, 2011 and 40% on November 13, 2012.

Remarks:

By: Karen Abrams, pursuant to 12/05/2013 a power of attorney from Eduardo E. Cordeiro

** 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.