FORM 4

## **UNITED STATES SECU**

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

RITIES AND EXCHA	NGE COMMISSION
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OMB APPROVAL
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OMB Number: 3235-0287 Estimated average burden 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

Name and Address of Reporting Person*  Kalita Karen A					2. Issuer Name and Ticker or Trading Symbol  CABOT CORP [ CBT ]											Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Kama	<u>Caren A</u>									1						Director			10% Ow		
-					<u> </u>											Officer below)	(give title		Other (s below)	pecify	
(Last)	(F	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year)										SVP and General Counsel					
C/O CABOT CORPORATION					12/13/2024											S v i and General Counsel					
TWO SEAPORT LANE, SUITE 1400																					
				4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Inc	6. Individual or Joint/Group Filing (Check Applicable						
(Street)															Line)						
BOSTON	N M	ÍΑ	02210												V	_	,		rting Person		
																Form fil Person		e than	One Report	ing	
(City)	(S	tate)	(Zip)		Feison																
		Ta	ble I - Non	-Deriva	ative	e Se	curities	s Ac	qui	red, D	isp	osed o	f, or B	ene	eficially	Owned					
1. Title of Security (Instr. 3)  2. Transa Date (Month/D						ear)	2A. Deemed Execution Date if any (Month/Day/Yea		Code (Inst							Beneficia Owned Fo	s Formula (D) (ollowing (I) (I		: Direct I Indirect E str. 4)	7. Nature of ndirect Beneficial Dwnership	
									Code V	,	Amount	(A) (D)	or	Price	Reported Transacti (Instr. 3 a	on(s)			Instr. 4)		
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	Co	e, Transaction Code (Instr.				6. Date Exercisable and Expiration Date (Month/Day/Year)				7. Title and Amount 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)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Co	de \	v	(A) (	(D)	Date Exe	e ercisable		xpiration ate	Title	0	mount r lumber f Shares		(Instr. 4)				
Phantom Stock Units	(1)	12/13/2024		A			14.2519			(2)		(2)	Commo	n 1	4.2519	\$103.38	3,440.6	719	D		

## **Explanation of Responses:**

1. 1 for 1

## Remarks:

Ex. 24 - Power of Attorney

By: Mazda Cintron, pursuant to a power of attorney from Karen 12/17/2024 A. Kalita

\*\* 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.

<sup>2.</sup> Represents dividends paid on phantom stock units acquired under the Corporation's Supplemental 401(k) Plan and are to be settled upon the reporting person's retirement or other termination of employment.