| SEC For | m 4 | | | | | | | | | | | | | | | | | | |
|--|---|--|--|--------------|--|---------------|--------------|--|--|---|-----------------|----------------------------------|---|---|--|--|--|--|--|
| FORM 4 UNITED ST | | | | STAT | ATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | | | | OMB APPROVAL | | | |
| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). | | | | | oursuar | nt to Sectior | n 16(a | ES IN BE a) of the Secu Investment (| HIP | OMB Number: 3235-0287 Estimated average burden hours per response: 0.5 | | | | | | | | | |
| 1. Name and Address of Reporting Person [*] Wolfgruber Matthais L. | | | | | 2. Issuer Name and Ticker or Trading Symbol <u>CABOT CORP</u> [CBT] | | | | | | | | 5. Relationship of Reporting Person(s (Check all applicable) X Director | | | | r ner | | |
| (Last) (First) (Middle) | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/28/2024 | | | | | | | | Officer (below) | (give title | | Other (sp below) | ecify | | |
| C/O CABOT CORPORATION TWO SEAPORT LANE, SUITE 1400 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person | | | | | | |
| (Street) | (Street) BOSTON MA 02210 | | | | Form filed by More than One Reporting Person | | | | | | | | | | | ng | | | |
| (City) (State) (Zip) | | | | r | Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| | | | . Transaction bate Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | Beneficial Owned Fo | y (D) or | | Direct Indirect E tr. 4) C | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | Code V | , | Amount | (A) ((D) | Price | Transactio | Reported Transaction(s) (Instr. 3 and 4) | | (1 | nstr. 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 Dat if any (Month/Day/Ye | Code (Instr. | | Derivative | | 6. Date Exercisat Expiration Date (Month/Day/Year) | | | | | 8. Price of Derivative Security (Instr. 5) | 9. Numb derivativ Securitie Beneficia Owned Followin Reported Transact | ve Owr es Forr ally Dire or Ir ng (I) (Ii d | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Exp Dat | piration te | Title | Amount or Number of Shares | | (Instr. 4) | | | | | |
| Phantom Stock Units | (1) | 03/28/2024 | | Α | | 311.8221 | | (2) | | (2) | Common Stock | 311.8221 | \$92.2 | 21,389. | 6154 | D | | | |

Explanation of Responses:

1.1 for 1

2. The phantom stock will be settled in cash either upon the reporting person's termination of service as a director or in accordance with the distribution election of the reporting person, whichever first occurs.

By: Jennifer Lombardi, pursuant

to a power of attorney from 04/01/2024

Matthias L. Wolfgruber

** 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.