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 OMB Number: Estimated average burden hours per response: 0.5

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						3. Date of Earliest Transaction (Month/Day/Year) 02/02/2012								X Officer (give title Other (specify below) Executive Vice President, CFO				
TWO SEAPORT LANE (Street) BOSTON MA 02210 (City) (State) (Zip)					4.	If Amer	ndme	nt, Date	of Origi	inal Fil	led (Month/Da		S. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
Table I - Non-Deriv. 1. Title of Security (Instr. 3) 2. Transactic Date (Month/Day/				tion	2A. D Exec	eeme	ed	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Follow		6. Ownership Form: Direct (D) or Indirect		Indirect t Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price	Reported Transaction(s (Instr. 3 and 4	s) 1)		(Ins	tr. 4)
Common Stock 0.					02/02/2012				M		42,000	A	\$16.9	132,316 D		D		
Common Stock 02/02/2					2012)12					42,000	D	\$40	90,316 I		D		
Common Stock 02/03/20				2012	12			S ⁽¹⁾		30,000	D	\$42	60,316		D			
Common Stock													7,197.667 ⁽²⁾		I	Tru the Co Re	rough the stees for rporation's irement rings Plan	
			Table								posed of, , converti			y Owned			,	*
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any		4. Transa Code (8)	action	5. Number of		6. Dat Expira		cisable and Date	7. Title and Amour of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative Security	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerc	sable	Expiration Date	Title	Amount or Number of Shares					
Employee Stock Option (Right to	\$16.9	02/02/2012			М			(3	3)	05/06/2019	Common Stock	42,000	\$0.00	2	28,000	D		

Explanation of Responses:

- $1.\ The\ sales\ reported\ in\ this\ Form\ 4\ were\ effected\ pursuant\ to\ a\ Rule\ 10b5-1\ trading\ plan\ adopted\ by\ the\ reporting\ person\ on\ September\ 21,\ 2011.$
- 2. Reflects retirement plan contributions by the Corporation, including contributions that have occurred since the date of the reporting person's last ownership report.
- $3.\,70,000\,\,\mathrm{shares}\,\,\mathrm{are}\,\,\mathrm{subject}\,\,\mathrm{to}\,\,\mathrm{the}\,\,\mathrm{option}.\,\,21,000\,\,\mathrm{shares}\,\,\mathrm{vested}\,\,\mathrm{on}\,\,\mathrm{May}\,\,7,\,2010,\,21,000\,\,\mathrm{shares}\,\,\mathrm{vested}\,\,\mathrm{on}\,\,\mathrm{May}\,\,7,\,2011\,\,\mathrm{and}\,\,28,000\,\,\mathrm{shares}\,\,\mathrm{will}\,\,\mathrm{vest}\,\,\mathrm{on}\,\,\mathrm{May}\,\,7,\,2012.$

Remarks:

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

02/06/2012

** 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.