Instruction 1(b)

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.	.C. 20549
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**OMB APPROVAL** 3235-0287 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*  BRADY WILLIAM J					2. Issuer Name and Ticker or Trading Symbol CABOT CORP [ CBT ]								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) 01/29/2004								^ below	ficer (give title low)  Executive Vice Pre		belo	Other (specify below)	
TWO SEAPORT LANE, SUITE 1300					_ 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)					
(Street) BOSTON	<b>M</b>	A (											X Form filed by One Reporting Person  Form filed by More than One Reporting Person						
(City)	(Sta		Zip)																
1 Title of S	ecurity (Insti		le I - I	Von-Deri			eemed		cquire	ed, D	isposed  4. Securities			5. Amount		6. Owne	ership 7.	Nature of	
2. The of occurry (monto)		Date (Month/Day/Year		Execution if any		ion Date, /Day/Year)	Transaction Code (Instr. 8)		Disposed O 5)	f (D) (Instr.	(D) (Instr. 3, 4 and		/ lowing	Form: Direct (D) or Indirect (I) (Instr. 4)		Indirect Beneficial Ownership			
								Code	v	Amount	(A) or (D)	Price	Reported Transaction (Instr. 3 and			(li	nstr. 4)		
Common Stock 01/			01/29/2	004	)04			S		19,307	D	\$31.69	103,333		D				
Common Stock													5,123		I The state of the control of the co		Through the crustee of the corporation's detirement avings Plan.		
		Т	able								sposed of			ly Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	eemed tion Date, n/Day/Year)	4. Transa Code ( 8)				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. Num derivat Securi Benefi Owned Follow Report Transa (Instr. 4	tive ties cially I ing ed ction(s)	10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial (D) Ownership ect (Instr. 4)	
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amount or Number of Shares						
Series B ESOP Convertible Preferred Stock	(1)								(2	)	(2)	Common stock	8,414		57	7.48	I	Through the Trustee of the Corporation's Retirement Savings Plan.	

## **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 02/02/2004 **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.