FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| ngton, 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(h)                       |  |  |  |  |  |

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB Number: Estimated average burden 0.5 hours per response:

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* <u>von Gottberg Friedrich</u> |  |  |   |   |   | r Name <b>an</b><br>OT CO |                                      |  | _  | Symbol             | (Che   | ationship of Reporting P<br>k all applicable)<br>Director<br>Officer (give title |   | Perso   | n(s) to Issue<br>10% Ow<br>Other (s                               | ner  |                                       |  |
|---|--|--|---|---|---|---------------------------|--------------------------------------|--|--|--------------------|--|--|---|---|---|--|---------------------------------------|--|
| (Last)  | (F   | irst)                                      | (Middle)  |   | Date of Earliest Transaction (Month/Day/Year) |                           |                                      |  |  |                    |  | >  | below)  |   |   | below)   | Jechy                                 |  |
| C/O CABOT CORPORATION   |  |  |   | 1   | 12/31/2016                                    |                           |                                      |  |  |                    |  |  | Senior Vice President                               |   |   |  |                                       |  |
| TWO SE  | APORT LA   | ANE, SUITE 130                             | 00  | <br>  |   |                           |                                      |  |  |                    |  |  |   |   |   |  |                                       |  |
| (Street)  |  |  |   | —   <sup>4</sup>  | I. If Am                                      | endment, D                | oate o                               | of Origina   | l Filed  | (Month/Da          | y/Year)  | 6. Inc<br>Line)  | dividual or Jo                                      | int/Group   | Filing (  | Check Appli  | cable                                 |  |
| BOSTO   | N M  | IΑ   | 02210   |   |   |                           |                                      |  |  |                    |  | 7  |   | •   |   | ting Person  |                                       |  |
|   |  |  |   |   |   |                           |                                      |  |  |                    |  |  | Form file<br>Person                                 | ed by More  | e than  | One Reporti  | ng                                    |  |
| (City)  | (S   | state)                                     | (Zip)   |   |   |                           |                                      |  |  |                    |  |  |   |   |   |  |                                       |  |
|   |  | Ta   | able I - Non-D  | erivat  | ive S   | ecuritie                  | s Ac                                 | quired   | l, Dis   | sposed o           | of, or Be  | neficially   | Owned   |   |   |  |                                       |  |
| 1. Title of Security (Instr. 3)  2. Trans: Date (Month/L            |  |  | te  | 2A. Deemed<br>Execution Date<br>oay/Year) if any<br>(Month/Day/Ye |   | Date                      | e, Transaction Disposed Code (Instr. |  | rities Acquired (A) or<br>ed Of (D) (Instr. 3, 4 and ! |                    | 5. Amount<br>Securities<br>Beneficial<br>Owned For<br>Reported | ly   | Form:   | Direct I<br>Indirect I<br>tr. 4)  | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |                                       |  |
|   |  |  |   |   |   |                           |                                      | Code   | e V  | Amount             | ount (A) or (D)  |  | Transaction<br>(Instr. 3 au                         | on(s)   |   |  |                                       |  |
|   | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |  |   |   |   |                           |                                      |  |  |                    |  |  |   |   |   |  |                                       |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                 | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security  | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) | Code (Inst  |   |                           |                                      | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |  |                    | 7. Title an<br>Securities<br>Derivative<br>(Instr. 3 a         |  | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Number derivative Securitie Beneficia Owned Following Reported Transacti | e<br>s<br>ally<br>g   | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>(Instr. 4) |  |
|   |  |  |   | Code  | v   | (A)                       | (D)                                  | Date<br>Exercis  |  | Expiration<br>Date | Title  | Amount or<br>Number of<br>Shares   |   | (Instr. 4)  | ion(a)  |  |                                       |  |
| Phantom<br>Stock<br>Units   | (1)  | 12/31/2016                                 |   | A   |   | 652.9482                  |                                      | (2)  |  | (2)                | Common<br>Stock  | 652.9482   | \$50.54   | 11,096.2  | 2996  | D  |                                       |  |

## **Explanation of Responses:**

- 1. 1 for 1
- 2. The reported phantom stock units were acquired under the Corporation's supplemental 401(k) plan and are to be settled upon the reporting person's retirement or other termination of service.

## Remarks:

By: Kristine L. Ouimet, pursuant to a power of attorney 01/04/2017 from Friedrich von Gottberg

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.