FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL								
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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* SHAW JOHN A					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 Officer (give title Other (specify					
(Last) (First) (Middle) C/O CABOT CORPORATION TWO SEAPORT LANE, SUITE 1300					3. Date of Earliest Transaction (Month/Day/Year) 05/24/2004								X Office (give title Office (specify below) below) Executive Vice President, CFO					
(Street) BOSTON (City)	M.	A ()2210 Zip)		4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)								5. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tab	le I - N	Non-Deri	vativ	e Sec	uriti	es A	cquire	ed, D	isposed	of, or B	eneficia	ally Owned	t			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/				Execution Date,		3. Transaction Disposed O Code (Instr. 8)		es Acquired (A) or Of (D) (Instr. 3, 4 and		5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
						, , ,		Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)		str. 4)	
Common Stock (05/24/2	004				S		300	D	\$34.97	7 85,840		D			
Common Stock 05/			05/24/2	004)04			S		18,700	D	\$34.75	67,14	67,140		D		
Common Stock											548.1		Retiremen		ustee for e orporation's			
		٦	Γable Ι								sposed o			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 4. ution Date, Tr		ransaction of ode (Instr. Deriv		rative rities pired r osed)	6. Date Exer Expiration D (Month/Day/		isable and	7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
						v	(A)	(D)	Date Exercis	able	Expiration Date	or Nu of	Amount or Number of Shares					
Series B ESOP Convertible Preferred Stock	(1)								(2)		(2)	Common	1,686.8	3	11	1.52	I	Through the Trustee for the Corporation's Retirement

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 John

05/26/2004

<u>Shaw</u>

** 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.