FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, I | D.C. | 20549 | |
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| OMB APPROVAL | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response: | 0.5 | | | | | | | |

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* Kalkstein Hobart | | | | | CABOT CORP [CBT] | | | | | | (Ch | eiationship d eck all applic Directo | able) | 10 | ∕₀ Owi | | |
|---|----------|---|-----------------------|-----------------------------------|---|---|----------|---|---|-------------------------|---|--|---|--|--|-------------|---------------------------------------|
| | BOT CORP | irst) ORATION ANE, SUITE 140 | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 09/10/2021 | | | | | | | below) | | | | | |
| (Street) | N M | IA . | 02210 | 4. | . If Am | endment, I | Date of | f Original F | Filed (| (Month/Da | ay/Year) | Line | X Form fi | led by One led by More | Reporting P | erson | |
| (City) | (S | tate) | (Zip) ble I - Non-De | orivati | vo S | nouritio. | s. A o o | nuirod I | Dice | 20004 | of or Do | noficiall | , Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Trate (Monte) Table II - Deriv | | ransaction e onth/Day/ rivative | | | | 3. Transac Code (II 8) Code | v | 4. Securi Disposed | ties Acquired Of (D) (Instance) (A) o (D) | ed (A) or str. 3, 4 and | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | | Form: Direct (D) or Indirect (I) (Instr. 4) | | . Nature of ndirect Beneficial Dwnership Instr. 4) | | |
| Derivative Conversion D | | 3. Transaction Date Execution Date (Month/Day/Year) if any (Month/Day/Year) | | 4. Transaction Code (Instr. | | 5. Number of | | 6. Date Exercisable ar Expiration Date (Month/Day/Year) | | able and | _ | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(| Owne Form: Direct or Ind (I) (Ins | (D) rect | Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | | Date Exercisabl | | xpiration ate | Title | Amount or Number of Shares | | (Instr. 4) | ii(s) | | |
| Phantom Stock Units | (1) | 09/10/2021 | | A | | 41.5142 | | (2) | | (2) | Common Stock | 41.5142 | \$50.6 | 6,043.26 | 92 [| | |

Explanation of Responses:

1. 1 for 1

Remarks:

By: Jennifer Lombardi, pursuant to a power of attorney 09/13/2021 from Hobart C. Kalkstein

** 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.

^{2.} Represents dividends paid on phantom stock units acquired under the Corporation's Supplemental 401(k) Plan, and will be settled upon the reporting person's retirement or other termination of employment.