FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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| Estimated average b | ourden |
| 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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* Zhu Jeff Ji | | | | | 2. Issuer Name and Ticker or Trading Symbol CABOT CORP [CBT] | | | | | | | | | (Check | k all app Direc | | | 10% Ov | Owner |
|--|---|--|-----------------|---|--|---|---|---|---------------------|--|--|-------------------------------------|--|---|--------------------------------------|--|---|-----------|---|
| (Last) (First) (Middle) C/O CABOT CORPORATION TWO SEAPORT LANE, SUITE 1400 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/18/2024 | | | | | | | | | Officer (give title Other (specify below) Executive Vice President | | | | | |
| (Street) BOSTON MA 02210 | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Indiv Line) | | | | | | | | |
| (City) | (St | | Zip) | n-Deriva | tive | Sociii | ritios | Acc | uirad | Die | enosad of | orB | onofi | cially | , Own | ad . | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day) | | | | ion 2A. Deemed Execution Date, | | | quired, Disposed of, or Benef 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) 5) | | | | or 5. Am 4 and Secur Benef Owne | | ount of ties cially I Following | Form (D) o | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | Code | v | Amount | (A) or (D) | Pric | e | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | |
| Common Stock 11/18/20 | | | | | 024 | | A | | 8,465(1) | A | | \$ <mark>0</mark> | 77,914 | | D | | | | |
| Common Stock 11/18/20 | | | | | 2024 | | | F | | 2,024 | D | \$1 | 08.82 | 75,890 | | D | | | |
| | | Tal | ble II | | | | | | | | osed of, convertib | | | | Owne | d | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Execu if any | 3A. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | e and nt of ities lying itive ity (Inst | 8. Price Derivati Security (Instr. 5) | | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownersh Form: Direct (D or Indire (I) (Instr. | Ownership | 11. Natur of Indired Beneficia Ownersh (Instr. 4) |
| | | | | | Code | V (A) (D) | | (D) | Date Exercisable | | Expiration Date | Amo or Num of Title Sha | | er | | | | | |

Explanation of Responses:

1. Consists of performance based units earned on the basis of the Corporation's performance in fiscal year 2024, of which 5,104 remain subject to time-based vesting.

By: Jennifer Lombardi, pursuant to a power of 11/20/2024 attorney from Jeff Ji Zhu

** 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.