FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C.	20549	
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STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP
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I	OMB APPROVAL									
OMB Number: 3235-028										
I	Estimated average burden									
Ш	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

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				
	(Fii OT CORPO APORT LA	,	(Middle)		07	3. Date of Earliest Transaction (Month/Day/Year) 07/19/2004								Executive Vice President, CFO				
(Street) BOSTON	M	A	02210		_   4.	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person				on	
(City)	(St	ate)	(Zip)															
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day				Executi Year) if any				ction Instr.	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect g (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) or (D)	Price	Transaction (Instr. 3 and		(msu.		50. 4)
Common	Stock			07/19/2	2004	)4		A		32,500	) A	\$10.02	99,64	0 D				
Common Stock												544.25		I		rough the ustee for error poration's ritirement vings Plan		
			Table I								sposed c			y Owned				
1. Title of Derivative Security (Instr. 3)	ittle of 2. 3. Transaction 3A. Deemed 2. Execution Date Execution Date, if any		4. Transa	ransaction ode (Instr. Do AA (A		vative rities pired r osed )	6. Date Exerc Expiration Da (Month/Day/\)		sable and te	7. Title and Amoun of Securities Underlying Derivat Security (Instr. 3 ar 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)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amount of Number of Shares					
Series B ESOP Convertible Preferred Stock	(1)								(2)		(2)	Common	1,692.1	3	11	56	I	Through the Trustee for 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 John

07/21/2004

Shaw

\*\* 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.