FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| vvasnington, | D.C. 20549 |
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| STATEMENT | OF CHANGE | S IN BENEF | ICIAL OWN | IERSHIP |
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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* ENRIQUEZ CABOT JUAN | | | | 2. Issuer Name and Ticker or Trading Symbol CABOT CORP [CBT] | | | | | | | | (Chec | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
|---|--|--|---|--|---|--|----------------------------------|--|---------|---|----------------|---|---|-------------------------------|---|---|---|--|--|
| <u> </u> | | | | L | | | | | | | | | X | | rivo titlo | | 10% Ow | · | |
| (Last) (First) (Middle) C/O CABOT CORPORATION | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/12/2015 | | | | | | | | Officer (give title Other (specify below) below) | | | | | | |
| TWO SEAPORT LANE, SUITE 1300 | | | | 4 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | |
| (Street) | | | | | | | | | | | | Line) | | | | | | | |
| BOSTO | N M | [A | 02210 | | | | | | | | | Form filed by More than One Reporting Person | | | | ng | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| Date | | | Transact ite onth/Day | | 2A. Deemed Execution Date, if any (Month/Day/Year | | Transaction Dispose Code (Instr. | | | rities Acquired (A) o ed Of (D) (Instr. 3, 4 | | A) or 3, 4 and 5) | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Owi Form: (D) or (I) (Ins | Direct II ndirect E r. 4) C | 7. Nature of ndirect Beneficial Ownership Instr. 4) | | |
| | | | | | | | | Cd | ode V | , | Amount | nount (A) or (D) | | | Transaction(s) (Instr. 3 and 4) | | | | nstr. 4) |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | Code (Instr. | | 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) | | | | 7. Title and Amo Securities Unde Derivative Secur (Instr. 3 and 4) | | derlying curity | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securitie Beneficia Owned Following Reported Transacti | e s ally g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exerc | cisable | Exp Dat | oiration te | | | nount or imber of iares | | (Instr. 4) | | | |
| Phantom Stock | (1) | 06/12/2015 | | A | | 132.2081 | .2081 | | (2) | | (2) | Common | ¹ 13 | 32.2081 | \$41.72 | 25,203.0 | 6486 | D | |

Explanation of Responses:

- 1. 1 for 1
- 2. The shares of phantom stock become payable upon the reporting person's termination of service as a director.

Remarks:

By: Kristine L. Ouimet, pursuant to a power of attorney 06/16/2015 from Juan Enriquez

** 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.