FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									

0.5

hours per response:

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*  Rataj Sue H.					2. Issuer Name <b>and</b> Ticker or Trading Symbol  CABOT CORP [ CBT ]							(Ch	eck all ap	pplicable) ector	ng Person(s) to Is	Owner		
(Last) (First) (Middle) C/O CABOT CORPORATION					3. Date of Earliest Transaction (Month/Day/Year) 01/10/2014									Offic belo	cer (give title ow)	Other below	(specify )	
TWO SEAPORT LANE, SUITE 1300					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street) BOSTON	N M.	<b>A</b> (	)2210											Line	X For	,	e Reporting Pers	
(City)	(St	ate) (	Zip)															
		Tabl	e I - Non	-Deriva	ative	Sec	curitie	s Acq	uired,	Dis	posed o	f, or	Bene	ficial	ly Own	ed		
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)				Execution Date		n Date,	Code (Instr.					Secu Bene Owne	ficially ed Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	0	(A) or (D)	Price		action(s) 3 and 4)		(Instr. 4)	
Common Stock 01/10/					/2014			A		1,451		A	\$0.0	.00 6,167		D		
		Та	ıble II - D								sed of, onvertib				Owned	i		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	Date, Transaction Code (Ins					6. Date E Expiratio (Month/D	n Dat	Amount of		5	. Price of Perivative Security Instr. 5)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)		Date Exercisal		Expiration Date	Title	Amo or Num of Sha	ber				

**Explanation of Responses:** 

Remarks:

By: Karen Abrams, pursuant to

a power of attorney from Sue 01/14/2014

H. Rataj

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.