FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	

Check this box if no longer subject to	
Section 16. Form 4 or Form 5	
obligations may continue. See	
Instruction 1(b).	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
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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* GORMISKY PAUL J (Last) (First) (Middle) C/O CABOT CORPORATION									ker or Trading Symbol [CBT] 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director Officer (give title Other (specify								Owner	
					3. Date of Earliest Transaction (Month/Day/Year) 08/02/2004								X Office below	r (specify w)				
TWO SE.	APORT LA	NE, SUITE 130	00		_ 4.	If Ame	ndmer	nt, Date	of Origi	nal Fi	led (Month/	Day/Year)	6.	Individual or	Joint/G	roup Filin	ng (Check /	Applicable
(Street) BOSTON	I M	A	02210										Li	Form	filed by		porting Per an One Re	
(City)	(St	ate)	(Zip)											Perso	n			
		Tal	ble I - N	lon-Der	ivativ	/e Se	curit	ies A	cquire	ed, D	Disposed	of, or E	Beneficia	lly Owned				
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		Execution Date,		3. Transaction Code (Instr. 8)					5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) or (D)	Price	Reported Transaction (Instr. 3 and			(III	nstr. 4)
Common	Stock			08/02/	2004				A		15,000) A	\$10.02	\$10.02 82,543 D)		
Common Stock												5,668.14		I		Through the Trustee for the Corporation's Retirement Savings Plan		
			Table I								sposed o		neficially curities)	y Owned			·	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) (Month/Day/Year) 3. Deemed Execution Date, if any (Month/Day/Year) (Month/Day/Year) 4. Transaction Code (Instr. 8) Derivative Securitie Acquire(A) or Disposet of (D) (Instr. 3, and 5)		vative rities pired r osed)	6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and Amoun of Securities Underlying Derivat Security (Instr. 3 at 4)			ies g Derivative	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership t (Instr. 4)						
					Code	v	(A)		Date Exercisa	able	Expiration Date	Title	Amount or Number of Shares					
Series B ESOP Convertible Preferred	(1)								(2)		(2)	Common	1,114.61		7	.61	I	Through the Trustee for the Corporation's Retirement

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:

Jane A. Bell, pursuant to a Power of Attorney from Paul

08/04/2004

Gormisky

** 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.