## FORM 4

## UNITED STA

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| IOH, D.C. 20049 |                |
|                 | │ OMB APPROVAL |

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|-----|--------------------------|-----------|--|--|--|--|--|--|--|--|
|     | OMB Number:              | 3235-0287 |  |  |  |  |  |  |  |  |
|     | Estimated average burden |           |  |  |  |  |  |  |  |  |
|     | 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 10b5-1(c). See Instruction 10. 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     Nathoo Raffiq |  |  |   |   | 2. Issuer Name and Ticker or Trading Symbol  CABOT CORP [ CBT ] |  |  |  |                   |                  |   |   | eck all applica  Director                                      | Director   |       | 10% Owi  | ner  |  |
|--|--|--|---|---|---|--|--|--|-------------------|------------------|---|---|--|--|-------|--|--|--|
| (Last)   | `  | irst)                                      | (Middle)  |   | 3. Date of Earliest Transaction (Month/Day/Year) 09/30/2024     |  |  |  |                   |                  |   | Officer (<br>below)                       | give title   | Other (spe<br>below)   |       | ecify  |  |  |
| C/O CABOT CORPORATION                                  |  |  |   |   |   |  |  |  |                   |                  |   |   |  |  |       |  |  |  |
| TWO SEAPORT LANE, SUITE 1400                           |  |  |   | 4                                       | 4. If Amendment, Date of Original Filed (Month/Day/Year)        |  |  |  |                   |                  |   |   | 6. Individual or Joint/Group Filing (Check Applicable Line)    |  |       |  |  |  |
| (Street)   |  |  |   |   |   |  |  |  |                   |                  |   |   | <u>·</u>   | ed by One  | Repor | ting Person  |  |  |
| BOSTON   | N M  | IA   | 02210   |   |   |  |  |  |                   |                  |   | Form filed by More than One Report Person |  |  |       | ng   |  |  |
| (City)   | (S   | itate)                                     | (Zip)   |   |   |  |  |  |                   |                  |   |   |  |  |       |  |  |  |
|  |  | Ta   | able I - Non-D  | erivat                                  | ive S   | ecurities  | s Ac   | quired,  | Dis               | posed o          | of, or Be   | neficiall                                 | y Owned  |  |       |  |  |  |
| 1. Title of Security (Instr. 3)  2. Trans Date (Month/ |  |  |   | te                                      | Execu<br>Day/Year) if any                                       |  | A. Deemed<br>Execution Date,<br>any<br>Month/Day/Year) |  | Transaction Dispo |                  | urities Acquired (A) o<br>ed Of (D) (Instr. 3, 4 a                              |   | 5. Amount<br>Securities<br>Beneficial<br>Owned For<br>Reported | Form<br>(D) o  | Form: | : Direct Ir<br>r Indirect B<br>str. 4) C                                 | 7. Nature of<br>ndirect<br>Beneficial<br>Ownership                 |  |
|  |  |  |   |   |   |  |  | Code   | v                 | Amount           | (A) c<br>(D)  | Price                                     | Transaction<br>(Instr. 3 au                                    |  |       |  | nstr. 4)   |  |
|  | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |  |   |   |   |  |  |  |                   |                  |   |   |  |  |       |  |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)    | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security  | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) | 4.<br>Transaction<br>Code (Instr.<br>8) |   | 5. Number of<br>Derivative<br>Securities<br>Acquired (A)<br>or Disposed<br>of (D) (Instr. 3,<br>4 and 5) |  | 6. Date Exercisable a<br>Expiration Date<br>(Month/Day/Year) |                   | ,                | nd 7. Title and Amo<br>Securities Under<br>Derivative Secur<br>(Instr. 3 and 4) |   |  | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s) |       | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|  |  |  |   | Code                                    | v   | (A)  | (D)  | Date<br>Exercisab  |                   | xpiration<br>ate | Title   | Amount o<br>Number o<br>Shares            |  | (Instr. 4)   |       |  |  |  |
| Phantom<br>Stock<br>Units                              | (1)  | 09/30/2024                                 |   | A                                       |   | 212.4899   |  | (2)  |                   | (2)              | Common<br>Stock   | 212.489                                   | 9 \$111.77   | 3,033.45   | 505   | D  |  |  |

## **Explanation of Responses:**

- 1. 1 for 1
- 2. The phantom stock will be settled in cash either upon the reporting person's termination of service as a director or in accordance with the distribution election of the reporting person, whichever first occurs.

By: Mazda Cintron, pursuant to a power of attorney from Raffiq 10/02/2024

**Nathoo** 

\*\* 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.