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
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

| 1. Name and Address of Reporting Person* <u>Kalkstein Hobart</u> | | | | | | 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 | | | | | |
|--|---|--|---|---|--|---|-------|-------------------------------------|--|------------|---|--|--|---|---|--|--|--|--|--|
| (Last) | (Fi | , | | 3. Date of Earliest Transaction (Month/Day/Year) 06/14/2024 | | | | | | | | | | cer (give ti ow) Executiv | | Other (s below) President | specify | | | |
| TWO SEAPORT LANE, SUITE 1400 | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) BOSTON MA 02210 | | | 02210 | | | | | | | | | | | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) (State) (Zip) | | | | | Ru | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | | |
| | | | | | Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | ar) E | 2A. Deemed Execution Date, if any (Month/Day/Year | | Transaction Disp Code (Instr. 5) | | Dispose | urities Acquired (A) sed Of (D) (Instr. 3, 4 | | d Secu Bend Own | nount of rities ficially ed Followin | Form (D) (| m: Direct or Indirect Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | Code | , | Amount | (A) o | r Price | | rted saction(s) : 3 and 4) | | | (Instr. 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) | | 4. Transactic Code (Inst 8) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price Derivat Securit (Instr. 5 | ve deriva Securi Benefi Owned Follow Report Transa | 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) | | Date Exercisable | Exp Dat | piration te | Title | Amount or Number of Shares | | | | | | | |
| Phantom Stock Units | (1) | 06/14/2024 | | | A | | 41.46 | | (2) | | (2) | Common Stock | 41.46 | \$97 | 9,39 | 1.0472 | D | | | |

Explanation of Responses:

1. 1 for 1

By: Jennifer Lombardi, pursuant to a power of attorney 06/18/2024 from Hobart C. Kalkstein

** 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.

^{2.} Represents dividends paid on phantom stock units acquired under the Corporation's Supplemental 401(k) Plan and are to be settled upon the reporting person's retirement or other termination of employment.