Instruction 1(b)

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FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
OMB Number:	3235-0287						

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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

				C	or Sec	ction 30(h)	of the	Investment	Company	Act of	of 1940							
1. Name and Address of Reporting Person [*] Keohane Sean D				2. Issuer Name and Ticker or Trading Symbol <u>CABOT CORP</u> [CBT]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Itteonu		<u>-</u>											Х	Director			10% Ow	ner
(Last)	(F	First)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 06/09/2023							х	Officer (below)	give title		Other (s below)	pecify	
C/O CABOT CORPORATION					06/09/2023								President and CEO					
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)						
P				_									X	Earna fil		Dama	rting Persor	
(Street)													Λ				U	
BOSTO	N N	ÍA	02210											Person	ed by More	e than	One Report	ing
(City)	(5	state)	(Zip)	R	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.										o satisfy							
		Та	bla L Non Dr	vivotiv	<i>(</i> 0 C	oouritio			ionoo	nd o	forD	noficio		Durnad				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				3		2A. Deemed Execution Dat if any (Month/Day/Ye		Code (Ins	on Dis	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			nd	5. Amoun Securities Beneficia Owned Fe	ly (C	Form (D) or	Direct	7. Nature of Indirect Beneficial Ownership
										(A)	or		Reported Transaction(s)				(Instr. 4)	
								Code	V Am	iount (D) P			•	(Instr. 3 and 4)				
			Table II - Der	ivative	Se	curities	Acq	uired, Dis	sposed	l of,	or Ben	eficiall	y O1	wned				
			(e.g	., puts	, ca	lls, warr	ants	s, options	, conv	ertik	ole sec	urities)						
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. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exer Expiration D (Month/Day/	ate	nd 7. Title and Amo Securities Unde Derivative Secu (Instr. 3 and 4)		Underlyir Security	g	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti	e s Illy g	Ownershij Form: Direct (D) or Indirect (I) (Instr. 4	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expirat Date		Title	Amount Number Shares			(Instr. 4)			
Phantom Stock Units	(1)	06/09/2023		A		202.2717		(2)	(2)	-	Common Stock	202.27	17	\$73.4	37,319.1	.341	D	

Explanation of Responses:

1. 1 for 1

2. Represents dividends paid on phantom stock units acquired under the Corporation's Supplemental 401(k) Plan, and will be settled upon the reporting person's retirement or other termination of employment. Remarks:

By: Jennifer Lombardi,

pursuant to a power of attorney 06/13/2023 from Sean D. Keohane

** 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.