FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| ngton, D.C. 20549 | OMB APPROVAL |
|-------------------|--------------|
| | |

| - 1 | | |
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| | OMB Number: | 3235-0287 |
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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 Sec | ction 30(h) | of the | Ínvestment (| Company A | ct of 1 | 1940 | | | | | | | |
|--|---|--|---|--|---|--|--------|--|-------------------|---------------------------------|---|---|---|--|---------------------|--|--|--|
| 1. Name and Address of Reporting Person* <u>Prevost Patrick M.</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol CABOT CORP CBT | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| | | | | | [] | | | | | | X | Director | | | 10% Owi | ner | | |
| (Last) (First) (Middle) C/O CABOT CORPORATION | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/30/2016 | | | | | | | Officer (below) | Officer (give title below) | | Other (sp below) | ecify | | |
| TWO SEAPORT LANE, SUITE 1300 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. Inc | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | |
| (Street) BOSTO | N M | ſΑ | 02210 | | | | | | | | | X | _ | , | | ting Person One Reporti | ng | |
| (City) | (9 | State) | (Zip) | | | | | | | | | | | | | | | |
| | | Ta | able I - Non-D | erivat | ive S | ecuritie | s Ac | quired, D | isposed | of, | or Ben | eficially | Owned | | | | | |
| 1. Title of Security (Instr. 3) 2. Trans Date (Month/ | | | e | 2A. Deemed Execution Date Day/Year) (Month/Day/Yea | | Code (Instr. | | | | Beneficially Owned Following | | Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | | Code | ' Amou | nt | (A) or (D) | Price | Reported Transactio (Instr. 3 ar | | | | nstr. 4) | |
| | | | Table II - Der (e.g | | | | | uired, Dis s, options | | | | | wned | | | | | |
| 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 Exercisable and Expiration Date (Month/Day/Year) | | Se De | 7. Title and Amor Securities Under Derivative Secur (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | | | | Date Exercisable | Expiratio Date | ration Nun | | Amount or Number of Shares | Transac (Instr. 4 | | | | | |

Explanation of Responses:

(1)

Phantom

2. The reported phantom stock units were acquired under the Corporation's supplemental 401(k) plan and are to be settled upon the reporting person's retirement or other termination of service in accordance with the provisions of the plan.

(2)

Remarks:

By: Kristine L. Ouimet, <u>pursuant to a power of attorney</u> 10/04/2016

\$52.41

39,902.9017

D

from Patrick M. Prevost

116.6835

Common

(2)

** 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).

09/30/2016

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

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.

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