FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES I	N BENEFICIAL	OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average b	urden							
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.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Phantom Stock Units	(1)	12/13/2024		A		1.6951		(2)	(2)	Common Stock	1.6951	\$103.38	409.214	D		
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date curity or Exercise (Month/Day/Year)		3A. Deemed Execution Date if any (Month/Day/Yea	e, Transaction Code (Instr. ar) 8)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	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)	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																
Date		Fransactior te onth/Day/Ye	Execution Date,		Code (Ins	on Dispose	(A) or	tr. 3, 4 and	Beneficia	es For (D) (I) (I) (I) (I) (I) (I) (I) (I) (I) (I	m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
			le I - Non-D		1				-			_				
(City)	(St	ate)	(Zip)									reison				
BOSTON	N M	A	02210										led by One Re led by More th	•		
(Street)				4.1	If Amei	ndment, [Date o	of Original File	ed (Month/Da	ay/Year)	Line)	oint/Group Fili	ng (Check App	olicable	
		OKATION ANE, SUITE 140	00													
(Last) (First) (Middle) C/O CABOT CORPORATION						3. Date of Earliest Transaction (Month/Day/Year) 12/13/2024					'	below) below) VP, Controller & CAO				
Dunion	tt Bisa ivi			<u> </u>								Officer	r (give title	Other (s		
1. Name and Address of Reporting Person* Dumont Lisa M					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					

Explanation of Responses:

1. 1 for 1

Remarks:

Ex. 24 - Power of Attorney

By: Mazda Cintron, pursuant to a power of attorney from Lisa 12/17/2024 M. Dumont

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

^{*} 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).