FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average	hurden								

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP hours per response: 0.5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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1. Name and Address of Reporting Person* McLaughlin Erica						2. Issuer Name and Ticker or Trading Symbol CABOT CORP [CBT]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
MICLau	giiiii Eire	<u>_a</u>													Directo			10% Ow	-
-					-									X	Officer below)	(give title		Other (s below)	pecify
(Last)	(Fi	rst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year)									,	Senior Vice Preside			
C/O CABOT CORPORATION					106	06/08/2018								Selilor vice Fresident, CFO					
TWO SE	APORT LA	ANE, SUITE 130	00																
THO SELL ORI ELLER, COLLE 1000					4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street)							,		3			, ,		Line)			3	(1-1-	
BOSTO	N M	Λ	02210											X	Form fi	led by One F	Repor	ting Person	ı
DOSTO	. 171	A	02210													led by More	than	One Report	ting
					-										Person				
(City)	(SI	tate)	(Zip)																
		Tab	le I - Nor	า-Deriv	/ativ	e Se	curities	s Acc	quired, I	Disp	osed o	f, or Be	nefic	ially	Owned				
1. Title of S	Security (Inst	r. 3)		2. Trans	action		2A. Deeme		3. 4. Securities Acquired (A)						5. Amour	nt of 6. O			7. Nature
Date					Day/Ve		Year) Execution Date, if any (Month/Day/Year		Code (Instr. 5)				str. 3, 4	and	Securities Beneficially Owned Following				of Indirect Beneficial
(WOII				((I) (Instr. 4)	str. 4) (Ownership
									Cada	v	A	(A) or		ce	Reported Transact	tion(s)			(Instr. 4)
									Code	v	Amount	(A) o	Pil	ce	(Instr. 3 a	ınd ¥)			
		-	Гable II -	Deriva	tive	Sec	urities	Acai	iired. Di	isno	sed of	or Ben	eficia	ally (wned				
		'										ble secu			, mica				
		:		· • · ·										-			. T		1
1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)	3A. Deeme		4. Transaction Code (Instr.				6. Date Exercisa Expiration Date						3. Price of Derivative	9. Number of derivative		10. Ownership	11. Nature of Indirect
Security	or Exercise		if any						(Month/Day		ear) Underlying Derivative Sec				Security (Instr. 5)	Securities		Form:	Beneficial Ownership
(Instr. 3)	Price of Derivative		(Month/Day	// Year) 8	8)		Acquired					Instr. 3 a		ity		Beneficially Owned		Direct (D) or Indirect	(Instr. 4)
Security						(A) or Disposed										Following Reported		(I) (Instr. 4)	
						of (D) (Instr. 3, 4 and 5)										Transaction(s)			
												(Instr. 4)							
													Amo	unt					
													or Num	ber					
					Code	v	(A)		Date Exercisabl		xpiration ate	Title	of Shar	es					
Phantom Stock	(1)	06/08/2018			A		4.1711		(2)		(2)	Common Stock	4.17	'11	\$64.1	814.404		D	
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Explanation of Responses:

- 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: Kristine L. Ouimet, pursuant to a power of attorney 06/11/2018 from Erica McLaughlin

** 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.