## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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

OMB APPROVAL									
OMB Number: 3235-0287									
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1. Name and Add <u>Kelly James</u>	ress of Reporting P <u>s Patrick</u>	erson*	2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>CABOT CORP</u> [ CBT ]		tionship of Reporting Per all applicable) Director	10% Owner
			3. Date of Earliest Transaction (Month/Day/Year) 01/30/2007		Officer (give title below) Control	Other (specify below) ler
(Street) BOSTON MA 02210 (City) (State) (Zip)			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line) X	vidual or Joint/Group Filin Form filed by One Rep Form filed by More the Person	porting Person

## Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

			-		-			-			
1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code ( 8)					5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)	
Common Stock	01/30/2007		S		559	D	\$43.43	23,064	D		
Common Stock	01/30/2007		S		100	D	\$43.45	22,964	D		
Common Stock	01/30/2007		S		341	D	\$43.49	22,623	D		
Common Stock	01/31/2007		I		983.46	D	\$44.74	878.531	I	Through the Trustee of the Corporation's Retirement Savings Plan.	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g	., puts,	calls,	warrants,	options,	convertible	securities)
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1				1													
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. Transa Code ( 8)		Secu Acqu (A) o Dispo of (D	vative rities lired r osed ) r. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)		Date Securities Underlying /Year) Derivative Security		Securities Underlying Derivative Security		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)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares						
Series B ESOP Convertible Preferred Stock	(1)							(2)	(2)	Common stock	5,167.869		35.3409	I	Through the Trustee of the Corporation's Retirement Savings Plan.		

Explanation of Responses:

1. Each share is convertible into 146.3782 shares of the Corporation's common stock.

2. Under the Retirement Savings Plan, the Corporation allocates Series B ESOP Convertible Preferred Stock to each participant's account on a quarterly basis. Subject to certain terms and conditions of the Retirement Savings Plan, participants may elect to receive distributions of their vested account balance in the form of shares of the Corporation's common stock or cash. Generally, a participant is 20% vested in his account after 2 years of service; and 100% vested after 5 years of service.

**Remarks:** 

Michaela Allbee, pursuant to a

power of attorney from James Kelly

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\*\* Signature of Reporting Person Date

02/01/2007

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.