FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPROVAL										
l	OMB Number:	3235-0287									
l	Estimated average burden										
l	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 Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* Kalita Karen A						2. Issuer Name and Ticker or Trading Symbol CABOT CORP [CBT]									(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify					
(Last)	, , , , , , , , , , , , , , , , , , , ,					3. Date of Earliest Transaction (Month/Day/Year) 06/14/2024										below)	.0	neral	below) Counsel	pecity	
C/O CABOT CORPORATION						A ISA was day of Date of Original Filed (Marsh / D. 27)									C In	A Latitud and Lividian and Effect (Observed A. 17. 17.					
TWO SEAPORT LANE, SUITE 1400						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) BOSTON MA 02210															N	Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip) 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.										t is intended t	n satisfy										
				affirmative of									ot, motraduori	or writteri p	ian ana	i io interioca t	Junory				
		Та	ble I - Nor	ı-Der	ivativ	/e Se	curities	s Ac	qui	ired, C)isp	osed c	of, or	Ben	eficially	Owned					
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					rear)	2A. Deemed Execution Date, if any (Month/Day/Year		, Transaction Dispo			curities Acquired (A) o sed Of (D) (Instr. 3, 4 a			Beneficial Owned Fo	s Form (D) o ollowing (I) (Ir		: Direct I Indirect I str. 4)	7. Nature of ndirect Beneficial Ownership			
									-	Code	/	Amount (A) or (D)		Price	Reported Transaction (Instr. 3 and	on(s)			Instr. 4)		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/Y	Code			5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisa Expiration Date (Month/Day/Yea			of Securiti		curitie rlying ative S	s Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction	e s illy	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				,	Code	v	(A)	(D)	Date Exe	ite ercisable		xpiration ate	Title		Amount or Number of Shares		(Instr. 4)				
Phantom Stock Units	(1)	06/14/2024			Α		14.8836			(2)		(2)	Comm		14.8836	\$97	3,372.3	551	D		

Explanation of Responses:

- 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.

By: Jennifer Lombardi,

pursuant to a power of attorney 06/18/2024

from Karen A. Kalita

** Signature of Reporting Person

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.