FORM 5

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

OWNERSHIP

ILDSIAILS	SECONTILES AND L
	Washington, D.C. 205

	L
ANNUAL STATEMENT OF CHANGES IN BENEFICIAL	-

	OMB APPROVAL										
	OMB Number:	3235-0362									
	Estimated average burden										
- 1	hours per response:	1.0									

Savings Plan

Form 3	Holdings Repo	rted.													ours per i	сэропэс.	1.0
Form 4	Transactions F	Reported.	Fi	led pursuant or Section					urities Excl Company A								
1. Name and Address of Reporting Person* BURNES KENNETT F				2. Issuer Name and Ticker or Trading Symbol CABOT CORP [CBT]						Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner							
(Last)		3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 09/30/2005]	X Officer (give title below) Other (specible) Chairman, CEO, and President				ow)			
TWO SE.	APORT LA	NE		4. If Ame	ndmer	nt. Dat	e of Orio	inal Fi	iled (Month	/Dav/Yea	ır)	6. Ir	ndividual or	Joint/Gr	oup Filir	na (Check	Applicable
(Street) BOSTON MA 02210			_	4. If Amendment, Date of Original Filed (Month/Day/Year)						Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(St	ate)	(Zip)										Perso)			
		Tab	le I - Non-Deri	vative Se	curit	ies A	Acquir	ed, C	Disposed	d of, or	Benefi	ciall	y Owne	t			
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.						d	5. Amount Securities Beneficiall	y	Form: [(D) or		7. Nature of Indirect Beneficial	
							Amou	int	(A) or (D)	Price		Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)		Indirect (I) (Instr. 4)		Ownership (Instr. 4)	
Common Stock 1		12/15/2004				G		5,470		\$0		812,598		Ι)		
Common Stock												10,225.8		I		Through the Trustee of the Corporation' Retirement Savings Plar	
		-	Table II - Deriv (e.g.,	ative Secu puts, call:									Owned				
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)	of Deriv Secu Acqu (A) o Disp of (D	or osed) r. 3, 4	· · · ·		nd 7. Title and Amou of Securities Underlying Derivative Securit (Instr. 3 and 4)			Derivative Security (Instr. 5)	9. Numl derivati Securiti Benefic Owned Followir Reporte Transac (Instr. 4	ve ies ially ng ed ction(s)	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership ect (Instr. 4)	
					(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amou or Numb of Share	er					
Series B ESOP Convertible Preferred	(1)						(2))	(2)	Commo		5.53		128	.08	I	Through the Trustee of the Corporation Retiremen

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 with the Corporation; 40% vested after 3 years of service; 60% vested after 4 years of service; and 100% vested after 5 years of service.

Remarks:

Stock

Michaela Allbee, pursuant to a power of attorney from Kennett 10/31/2005 F. Burnes

** 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.