FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Machinaton	D C	20540
Washington,	D.C.	20049

STATEMENT	OF CHANGE	S IN BENEFIC	IAL OWNERSHIP

	OMB APPROVAL								
OMB Number: 3235-0287									
	Estimated average burden								
	houre per reenonee.	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	ck all applic	ationship of Reportir ( all applicable) Director Officer (give title		on(s) to Issu 10% Ow Other (s)	5 Owner				
(Last)	`	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 12/08/2023					X	below)		eneral	below)  Counsel	pecity				
0, 0 0111	BOT CORP				$\vdash$															
TWO SE	APORT LA	ANE, SUITE 140	00		_   4.	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line)	6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street)													)	_	rm filed by One Reporting Person					
BOSTON	N M	ÍΑ	02210										Form filed by More than One Reporting Person				ing			
(City)	(State) Rule 10b5-1(c) Transaction Indication																			
Check this box to indicate that a transaction was made pursuant t the affirmative defense conditions of Rule 1005-1(c). See Instructi										ct, instruction	or written p	lan that	is intended to	o satisfy						
		Та	ble I - Non	ı-Deri	ivativ	ve Se	curities	s Ac	quire	d, Di	ispo	sed o	of, or E	Bene	ficially	Owned				
1. Title of Security (Instr. 3)  2. Transa Date (Month/D				action  2A. Deemed Execution Date if any (Month/Day/Yea		r, Transaction D		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4		(A) or 3, 4 and 5	5. Amoun Securities Beneficia Owned Fo	s Form ally (D) o ollowing (I) (In		: Direct   Indirect   Estr. 4)	7. Nature of ndirect Beneficial Dwnership					
					Code V Amount (A) or Pr				Price	Troppostion(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 Date if any (Month/Day/Ye	Code (Instr.					6. Date Exercisable Expiration Date (Month/Day/Year)		of Securities		curity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securitie Beneficia Owned Following Reported Transacti	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exerci	sable	Expi Date	oiration e	Title	or No	mount r umber f Shares		(Instr. 4)			
Phantom Stock Units	(1)	12/08/2023			A		14.5017		(2	)		(2)	Commo Stock		4.5017	\$77.78	2,834.3	556	D	

## **Explanation of Responses:**

- 1. 1 for 1
- 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 12/12/2023

from Karen A. Kalita

\*\* 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.