FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

vvasinigton,	D.C.	20040	

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

OMB APPROVAL									
OMB Number: 3235-0287									
Estimated average burden									
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

1. Name and Address of Reporting Person* BERUBE BRIAN A					2. Issuer Name and Ticker or Trading Symbol CABOT CORP [CBT]									Relationship of Reporting Person(s) to Issuer (Check all applicable) Director Officer (give title) Other (specify)				
(Last) (First) (Middle) C/O CABOT CORPORATION TWO SEAPORT LANE, SUITE 1300					Date o		est Tran	saction	(Mon	th/Day/Yea		X Officer (give title other (specify below) Vice President, General Counsel						
(Street)			02210		4.	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. 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		(Zip)															
			ble I - N			_			·	ed, E	-			lly Owned				
		2. Transaction Date (Month/Day/Year)		r) Exe	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securit Disposed	ies Acquire Of (D) (Insi	ed (A) or tr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Code	v	Amount	Amount (A) or (D)								
Common	ommon Stock 08/02/		/2006	6		A		21,000) A	\$10.57	70,472		D					
Common Stock											3,361.5612		I		Through the Trustee of the Corporation's Retirement Savings Plan.			
			Table I										eneficially curities)	/ Owned				
Derivative Security Conversion Date (Month/Day/Year)		3A. Deem Execution if any (Month/D			saction of I		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount Securities Underlyin Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	tive ities icially d ving ted action(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)		
					Code	v	(A)		Date Exercisal		Expiration Date	Title	Amount or Number of Shares					
Series B ESOP Convertible Preferred Stock	(1)								(2)		(2)	Common stock	7,623.219)	52.	0789	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 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:

Michaela Allbee, pursuant to a power of attorney from Brian Berube

08/02/2006

** 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.