SEC For	rm 4																				
	FORM	4	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549															OMB APPROVAL			
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).					ENT OF CHANGES IN BENEFICIAL OWNE led pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940											HIP	Estin	OMB Number: 3235-02 Estimated average burden hours per response: 0			
1. Name and Address of Reporting Person <sup>*</sup> Kalkstein Hobart					2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>CABOT CORP</u> [ CBT ]										(Che	elationship o eck all applic Directo	able) r	ng Pers	10% C	wner	
(Last) C/O CA	(Last) (First) (Middle) C/O CABOT CORPORATION				3. Date of Earliest Transaction (Month/Day/Year) 09/08/2023										2	X Officer (give title Other (specify below) below) Executive Vice President					
TWO SEAPORT LANE, SUITE 1400(Street)					4. If Amendment, Date of Original Filed (Month/Day/Year)										Line	Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person					
l' /	BOSTON MA 02210																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 to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.															to satisfy	
		Та	ble I - Non	-Deriva	tive	Secu	rities	s Ac	quired,	, Dis	sp	osed o	of, or	Ber	neficially	y Owned					
Date				2. Transac Date (Month/Da		Exe (ar) if an	2A. Deemed Execution Date, if any (Month/Day/Year		Code (Inst		on Disposed		ities Acquired (A) or d Of (D) (Instr. 3, 4 and			5. Amour Securitie Beneficia Owned F Reported	s ally ollowing	Form (D) or	/nership :: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	/ Amour			A) or D)	Price	Transaction(s) (Instr. 3 and 4)				(1130.4)	
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	Cod	nsacti le (Ins	on Der str. Sec Act or of	lumbe ivativ curitie quired Dispos D) (Ins and S	re IS (A) sed str.	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4)		es Security	8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securitio Benefici Owned Followin Reporte	ve es ally Ig d	10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership t (Instr. 4)		
				Cod	le V	(A)		(D)	Date Exercisa		Ex Da	piration ite	Title		Amount or Number of Shares			Transaction(s) (Instr. 4)			

Explanation of Responses:

(1)

1. 1 for 1

Phantom

Stock Units

2. Represents dividends paid on phantom stock units acquired under the Corporation's Supplemental 401(k) Plan, and will be settled upon the reporting person's retirement or other termination of employment. **Remarks:** 

(2)

49.1321

By: Jennifer Lombardi,

Common Stock

(2)

pursuant to a power of attorney 09/11/2023 from Hobart C. Kalkstein

\$70.12

8,661.97

D

\*\* Signature of Reporting Person Date

49.1321

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).

09/08/2023

\*\* 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.