FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| 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: 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 * Keohane Sean D | | | | | | 2. Issuer Name and Ticker or Trading Symbol CABOT CORP [CBT] | | | | | | | | heck all applic | orting Person(s) to Issuer 10% Owner itle Other (specify | | wner | | |
|---|---|--|--|----------------------|--|---|--|---------------------------------------|---------------|-----------------|--|---|---|---|--|---|--|---|--|
| (Last) (First) (Middle) C/O CABOT CORPORATION TWO SEAPORT LANE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/07/2009 | | | | | | | | Vice President | | | | | |
| (Street) BOSTON MA 02210 | | | | _ 4.1 | 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) (State) (Zip) | | | | | | | tive Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y | | | | | tion | 2A. E Exec if any | Deemed cution Dat | | | ction Instr. | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an 5) | | | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | | (Ins | (Instr. 4) | | |
| Common Stock | | | | | | | | | | | | | 4,884.6665 ⁽¹⁾ | | I | Tru the Cor Ret | ough the stees for poration's irement ings Plan | | |
| | | 7 | Гable I | I - Deriva (e.g., | ative puts, | Secu calls | rities | Acq ants | uired | , Dis | posed of, convertil | or Ber | neficially urities) | y 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. Transa Code (8) | 5. Number of | | oer ive es ed ed nstr. | 6. Dat | | cisable and ate | 7. Title and Amount of Securities Underlying 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) | | 10. Ownershi Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exerc | isable | Expiration Date | Title | Amount or Number of Shares | | | | | | |
| Employee Stock Option (Right to Buy) | \$16.9 | 05/07/2009 | | | A | | 50,000 | | (2 | 2) | 05/06/2019 | Commor Stock | 50,000 | \$0.00 | 1: | 10,000 | D | | |

Explanation of Responses:

- 1. Reflects retirement plan contributions by the Corporation, including contributions that have occurred since the date of the reporting person's last ownership report.
- 2. The option vests over a three year period as follows: 30% on May 7, 2010, 30% on May 7, 2011 and 40% on May 7, 2012.

Remarks:

By: Karen Abrams, pursuant to

a power of attorney from Sean 05/11/2009

D. Keohane

** 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.