FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | DC | 20549 |
|---------------|------|-------|
| vvasiliigion, | D.C. | 20049 |

| STATEMENT OF | CHANGES IN | BENEFICIAL | OWNERSHIP |
|--------------|------------|-------------------|------------------|

| OMB APPROVAL | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | |
| hours per response: | 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

| Name and Address of Reporting Person* Nathoo Raffiq | | | | | 2. Issuer Name and Ticker or Trading Symbol CABOT CORP [CBT] | | | | | | (Ch | elationship o eck all applica X Director | , | | n(s) to Issue | | | |
|--|--|--|---|--|--|--|------|--|--|---|--|--|----------------------------------|--------|---|-----------------------|--|--|
| (Last) | (F | irst) | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 12/29/2023 | | | | | | | Officer below) | (give title | | Other (sp below) | ecify | | |
| C/O CABOT CORPORATION | | | ŀ | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | 6. Ir | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | | | |
| TWO SEAPORT LANE, SUITE 1400 | | | | , | | | | | Line | | | | | | | | | |
| (Street) | N M | [A | 02210 | | | | | | | | Form fil Person | orm filed by More than One Reporting erson | | | | | | |
| | | | | | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | |
| (City) | (S | tate) | (Zip) | | 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. | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | |
| Date | | | | 2A. Deemed Execution Date if any (Month/Day/Yea | | r, Transaction Dispose Code (Instr. | | | rities Acquired (A) or ed Of (D) (Instr. 3, 4 a | | | | Form: (D) or | | . Nature of ndirect Beneficial Ownership | | | |
| | | | | | | Со | de V | Am | Amount (A) or (D) | | Price | Transaction(s) (Instr. 3 and 4) | | | 1 | 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/Year) | Code | saction (Instr. | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable a Expiration Date (Month/Day/Year) | | ate | 7. Title and Amo Securities Under Derivative Secur (Instr. 3 and 4) | | Underlying Security | | 9. Numb derivativ Securitie Beneficie Owned Followin Reported Transact | re es ally g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | v | | | Date Exerc | isable | Expiration Date | | Title | Amount or Number of Shares | | (Instr. 4) | | | |
| Phantom Stock Units | (1) | 12/29/2023 | | A | | 284.4311 | | (2 | 2) | (2) | | Common Stock | 284.431 | \$83.5 | 2,271.6 | 5847 | D | |

Explanation of Responses:

- 1. 1 for 1
- 2. The phantom stock will be settled in cash either upon the reporting person's termination of service as a director or in accordance with the distribution election of the reporting person, whichever first occurs.

<u>By: Jennifer Lombardi, pursuant</u> to a power of attorney from 01/03/2024

Raffiq Nathoo

** 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.