Edgar Filing: von Gottberg Friedrich - Form 4

	rg Friedrich												
Form 4	10												
May 17, 20											0145		
FOR	M 4 UNITED	STATES							COMMISSIO		OMB	3 APPR	JVAL 235-0287
Check	this box		Wa	ashing	tor	n, D.C. 1	2054	9			Number	: .la	nuary 31,
if no lo subject Section Form 4	if no longer subject to Section 16. Form 4 or						F	burden	timated average rden hours per sponse 0.5				
1(b).	ions Section 17 ntinue. truction	(a) of the I	Public I	Utility I	Ho	lding C	ompa		nge Act of 1934 of 1935 or Sect 940				
(Print or Type	e Responses)												
1. Name and Address of Reporting Person <u>*</u> von Gottberg Friedrich			2. Issuer Name and Ticker or Trading Symbol CABOT CORP [CBT]						5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First)	Middle)	3. Date of Earliest Transaction						(Check all applicable)				
C/O CABOT CORPORATION, TWO SEAPORT LANE, SUITE 1300			(Month/Day/Year) 05/16/2018					Director 10% Owner X Officer (give title Other (specify below) below) Senior Vice President					
LANE, SC	4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check							
BOSTON,	MA 02210		Filed(M	onth/Day/	/ Ye	ar)			Applicable Line) _X_ Form filed b Form filed by Person				ıg
(City)	(State)	(Zip)	Тэ	hlo I - N	on_	Dorivati	vo Soc	nurities A		of	or Ronofi	cially O	wnod
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Table I - Non-Derivative Securitiesed3.4. Securities AcquiredDate, ifTransaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)ty/Year)(Instr. 8)					cquired ed of (D)	5. Amount of 6. Securities Or Beneficially Fo Owned Di		7 vnership In rm: B rect (D) C Indirect (I	7. Natur Indirect Benefic	Nature of adirect eneficial ownership	
				Code V		Amount	(A) or (D)	Price	· ·		str. 4)		
Common Stock	05/16/2018			S		4,212	D	\$ 61.51 (1)	20,642	D			
Common Stock									15,693.0273	Ι		Throug Truste the Corpo 401(k)	e for ration's

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

 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)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships								
Reporting Owner Func / Funcess	Director	10% Owner	Officer	Other					
von Gottberg Friedrich C/O CABOT CORPORATION TWO SEAPORT LANE, SUITE 1300 BOSTON, MA 02210			Senior Vice President						
Signatures									
By: Kristine L. Ouimet, pursuant to a performance of the second s	05/17/2018								

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

**Signature of Reporting Person

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

The price reported is a weighted average sale price. These shares were sold in multiple transactions at prices ranging from \$61.50 to
 (1) \$61.52, inclusive. The reporting person undertakes to provide to the staff of the Securities and Exchange Commission, the Corporation or any security holder of the Corporation, upon request, full information regarding the number of shares sold at each separate price.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

Gottberg

Date