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CABOT C	ORP										
Form 4											
November											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION										B APPROVAL	
Washington, D.C. 20549							N OMB Numbe				
if no lo	this box nger contamp								Expires	January 31	
subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF							Estimat	ed average			
Section 16. SECURITIES Form 4 or							burden respons	hours per se 0.5			
Form 5	Filed pu	rsuant to S	Section	16(a) of	the Secur	ities	Exchan	ge Act of 1934,	•	Je 0.0	
obligati may co	ions Section 17	(a) of the l	Public I	Utility Ho	olding Co	mpai	ny Act c	of 1935 or Secti			
-	truction	30(h)	of the l	Investmei	nt Compa	any A	ct of 19	40			
(Print or Type	e Responses)										
	Address of Reporting	g Person [*]	2. Issu	ier Name a i	nd Ticker (or Trac	ling	5. Relationship	of Reporting	Person(s) to	
Prevost Patrick M. Syn								Issuer			
				OT CORP				(Check all applicable)			
(Last)	(First)	(Middle)		of Earliest		n		X Director 10% Owner X Officer (give title Other (specify			
C/O CABO	ТС		11/25/	/Day/Year) /2013							
	ATION, TWO SE	APORT	11,20,					below) Pro	below esident and C	·	
(Street) 4. If Am				Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
DOCTON	N.A. 02210		Filed(M	lonth/Day/Ye	ear)			Applicable Line) _X_ Form filed by Form filed by			
BOSTON,	MA 02210							Person			
(City)	(State)	(Zip)	Ta	ble I - Non	-Derivativ	e Secu	irities Ac	quired, Disposed	of, or Benef	icially Owned	
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Da any (Month/Day/		Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) y/Year) (Instr. 8)					Owned	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V Amoun		(A) or (D) Price			(Instr. 4)		
Common Stock	11/25/2013			А	32,300	A	\$0	293,323	D		
Common Stock	11/25/2013			F	15,246	D	\$ 48.93	278,077	D		
Common Stock								7,495.5421 (1)	I	Through the Trustees for the Corporation's Retirement Savings Plan	

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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.

Date

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration D	ate	Amou	int of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Securi	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration	TC 1	or		
							Date	Title	Number		
				~	(1) (D)				of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address				
	Director	10% Owner	Officer	Other
Prevost Patrick M. C/O CABOT CORPORATION TWO SEAPORT LANE BOSTON, MA 02210	Х		President and CEO	
Signatures				

By: Karen Abrams, pursuant to a power of attorney from Patrick M. Prevost 11/27/2013

**Signature of Reporting Person

Explanation of Responses:

- * 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).
- (1) Reflects retirement plan contributions by the Corporation, including contributions that have occurred since the date of the reporting person's last ownership report.

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.