FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per response | : 0.5 | | | | | | | | |

| | Check this box if no longer subject |
|--------|-------------------------------------|
| \neg | to Section 16. Form 4 or Form 5 |
| _ | obligations may continue. See |
| | Instruction 1(b). |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* Dial Debra L. | | | | | 2. Issuer Name and Ticker or Trading Symbol HUBBELL INC [HUBB] 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | (Ch | eck all ap | olicable) ctor | ing Person(s) to | | wner | | |
|---|--|---------|------------|---|--|---|------------------|--|----------|------|---|----------|-----------------|---|--|--|--|---|------|--|--|
| (Last) | (Fir | rst) (N | ∕liddle) | | | 07/01/2023 | | | | | | | | | | Officer (give title below) | | Other (spe- below) | | | |
| C/O HUBBELL INCORPORATED | | | | | 4. If Aı | If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | |
| 40 WATERVIEW DRIVE | | | | | | | | | | | | | | | Line) X Form filed by One Reporting Person | | | | | | |
| (Street) SHELTON CT 06484 | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | | |
| | | | | | | |)b5-1 | (c) | Trans | act | tion Ind | | | | | | | | | | |
| (City) (State) (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 | l - Noi | n-Deriva | tive S | ecur | rities A | cq | uired, I | Disp | osed of | f, or | Ben | eficia | ally Owi | ned | | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | Execution Date, | | | • | 3. Transaction Code (Instr. 8) 4. Securit Disposed and 5) | | | | | | Securi Benefi Owned Follow | cially d ving | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | Code | v | Amount | (A (C | () or () | Price | | ted action(s) 3 and 4) | | | | | |
| Common | Stock | | | 07/01/2 | 2023 | | | | A | | 439 | | A | \$0 ⁽¹ |) | 439 | | D | | | |
| | 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) | vative Conversion Date Execution Date, irity or Exercise (Month/Day/Year) if any | | tion Date, | 4. Transaction Code (Instr. 8) | | 5. Number of Derivati Securiti Acquire (A) or Dispose of (D) (Instr. 3 and 5) | ive ies ed | 6. Date E Expiratio (Month/D | n Dai | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | f : | 3. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | y O Fo O (I) | 0. Iwnership orm: irect (D) r Indirect) (Instr. 4) | Beneficial Ownership (Instr. 4) | | | |
| | n of Doopon | | | | Code | v | (A) (I | D) | | | Expiration Date | Title | or Nur of | ount mber ares | | | | | | | |

Explanation of Responses:

1. Restricted Stock grant vesting on date of next regularly scheduled Annual Meeting of Shareholders to be held in 2024.

Remarks:

<u>Katherine A. Lane, Attorney-in-fact for Debra L. Dial</u> <u>07/05/2023</u>

** 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.