FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washin

| Washington, D.C. 20549 | OMB APPROVAL | | |
|--|--------------|--------|--|
| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Number: | 3235-0 | |

| | OMB Number: | 3235-028 | | | | | | | | | |
|-----|--------------------------|----------|--|--|--|--|--|--|--|--|--|
| | Estimated average burden | | | | | | | | | | |
| - 1 | hours per response: | 0.1 | | | | | | | | | |

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

| 1. Name and Address of Reporting Person* <u>Keating Neal J</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol HUBBELL INC [HUBB] | | | | | | | | | of Reportin icable) or | ng Perso | 10% Ow | vner | |
|--|--|------------|--------------------------------------|--|---|--|--|-------------------|--|----------------|---|---|--|---|--|------------------|--------------------|-------|
| C/O HUBBELL INCORPORATED | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/02/2017 | | | | | | | | below | r (give title) | | Other (s below) | респу |
| 40 WATERVIEW DRIVE (Street) SHELTON CT 06484 | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Lin | 6. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (St | ate) (| (Zip) | | | | | | | | | | | . 6.66 | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | Execution Date | | e, Transaction Disposed Code (Instr. 5) | | rities Acquired (A) or ed Of (D) (Instr. 3, 4 and | | 5. Amount of Securities Beneficially Owned Following Reported | | Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | |
| | | | | | | Code V | An | Amount (A) or (D) | | Price | Transaction(s) (Instr. 3 and 4) | | | | | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | |
| Security or Exercise (Month/Day/Year) if any C | | Transa | ransaction of ode (Instr. Derivative | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 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 (Instr. 4) | ly C | Do. Dwnership Form: Direct (D) or Indirect I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | Expira Date | ation | Title | Amount or Number of Shares | | | | | |
| Directors Deferred Restricted Common Stock Units ⁽¹⁾ | (1) | 05/02/2017 | | | A | | 1,060 | | (1) | (1 | 1) | Common Stock | 1,060 | \$0 ⁽¹⁾ | 7,069.286 | 6 ⁽²⁾ | D | |

Explanation of Responses:

- 1. Each Directors Deferred Restricted Common Stock Unit ("RSU") consists of the right to receive one share of Common Stock held under the Company's Deferred Plan for Directors. RSUs are payable commencing six months following the reporting person's retirement or separation from the Board.
- 2. This total includes reinvested dividend equivalents that have been paid on the individual's Directors Deferred Restricted Common Stock Units.

Remarks:

An-Ping Hsieh, Attorney-infact for Neal J. Keating

05/04/2017

** 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.