

**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

OMB APPROVAL	
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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>Lind Bonnie Cruickshank</u> <hr/> (Last) (First) (Middle) C/O HUBBELL INCORPORATED 40 WATERVIEW DRIVE <hr/> (Street) SHELTON CT 06484 <hr/> (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 01/01/2019	3. Issuer Name and Ticker or Trading Symbol <u>HUBBELL INC [ HUBB ]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	600	D	

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date				

**Explanation of Responses:**

**Remarks:**

List of Exhibits: Exhibit 24 - Power of Attorney

An-Ping Hsieh, Attorney-in-fact for Bonnie Cruickshank Lind 01/03/2019

\*\* 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 5 (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.

HUBBELL INCORPORATED  
POWER OF ATTORNEY TO SIGN REPORTS ON FORMS 3, 4 AND 5

KNOW ALL MEN BY THESE PRESENTS, that the undersigned in her capacity as set forth below, hereby constitutes and appoints AN-PING HSIEH and KATHERINE A. LANE, and each of them severally, her true and lawful attorneys and a

The undersigned acknowledges that the foregoing attorneys-in-fact, in serving in such capacity at the request of the undersigned, are not assuming, nor is Hubbell Incorporated assuming, any of the undersigned responsibility

IN WITNESS WHEREOF, the undersigned has subscribed these presents this 7th day of December, 2018.

/s/Bonnie Cruickshank Lind  
Bonnie Cruickshank Lind

STATE OF Georgia )  
                  ) SS: \_\_\_\_\_  
COUNTY OF Cherokee)

On this 7th day of December, 2018, Bonnie Cruickshank Lind personally appeared before me, and acknowledged that she executed the foregoing instrument for the purposes therein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

/s/Karen P. Ward  
Karen P. Ward, Notary  
State of Georgia  
Date Commission Expires: 10/2/2021