FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D.C. 20549 | |
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| STATEMENT OF CHANG | GES IN BENEFICIAL | OWNERSHIP |
|--------------------|-------------------|-----------|

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

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* Bakker Gerben | | | | 2. Issuer Name and Ticker or Trading Symbol HUBBELL INC [HUBB] | | | | | | | | 5. Relationship of Reporting Person(s) to Issu (Check all applicable) | | | | | | | | |
|--|---|---------|-----------------|---|---|--|--------|-----|--|---|----------|---|--------|---|---|--|---------|------------|------------|--|
| Bunner | Geroen | | | | | | | | | | | | | X | Direc Office | tor er (give title | | 10% O | | |
| (Last) (First) (Middle) | | | | | Date of Earliest Transaction (Month/Day/Year) | | | | | | | | X | below | | | below) | эрсспу | | |
| C/O HUBBELL INCORPORATED | | | | | 07/0 | 07/01/2022 | | | | | | | | Chairman, President & CEO | | | | | | |
| 40 WATERVIEW DRIVE | | | | | | | | | | | | | | | | | | | | |
| | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) SHELTO | N C | 0.0 | 6484 | | | | | | | | | | | X | Form | filed by One | e Repor | rting Pers | on | |
| , — — — | | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (City) | (St | ate) (Z | Zip) | | | | | | | | | | | | 1 0130 | ,,,, | | | | |
| | | Table | I - No | n-Deriva | tive S | Secui | rities | Acc | uired | , Dis | posed of | , or B | enefic | ially | Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/ | | | Execution Date, | | 3. Transaction Disposed Of (D) (Instr. 3, 8) | | | | | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | | | | |
| | | | | | | | | | Code | v | Amount | (A) o | Price | | Report Transa (Instr. 3 | orted nsaction(s) tr. 3 and 4) | | | (Instr. 4) | |
| Common | Stock | | | 07/01/2 | 022 | | F | | 1,049(1) | D | \$179 | 5179.52 | | 37,801 | | 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) | rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any | | | saction de (Instr. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) Amoun or Number of Title Shares | | unt | | | | D. wnership orm: irect (D) r Indirect) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |

Explanation of Responses:

1. Shares withheld for payment of taxes upon vesting of restricted shares.

Remarks:

Katherine A. Lane, Attorneyin-fact for Gerben Bakker

07/06/2022

** 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.