## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

					T				_					1			_			
Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol HUBBELL INC [ HUBB ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>FLYNN ALYSSA R</u>					110									]	Directo	,		10% Ov	vner	
														۷ ا		(give title		Other (s	specify	
(Last)	(Firs	it) (N	liddle)			3. Date of Earliest Transaction (Month/Day/Year)								below)			below)			
C/O HUBBELL INCORPORATED						7/20	)23								Chief Human Resources Officer					
40 WATERVIEW DRIVE																				
	4. If A	Amen	ıdment. D	Date of	Original	Filed	(Month/Da	y/Year)		6. Inc	dividual or J	oint/Group	Filina	(Check Ap	olicable					
(Street)						4. If Amendment, Date of Original Filed (Month/Day/Year)									Line)					
SHELTON	I CT	06	5484											)	X Form filed by One Reporting Person					
SHELION CI 00464															Form filed by More than One Reporting Person				ting	
(City)	(Sta	te) (Z	ip)																	
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transa					action			. Deemed		ction		ies Acquir			5. Amour Securities				7. Nature of Indirect	
Date (Month/D								Execution Date, f any		Code (Instr.				Benefic		ally (D) o	(D) or	or Indirect I	Beneficial Ownership (Instr. 4)	
								y/Year)	8)					Owned F	i					
										v	Amount	(A) or (D)		Price	Transacti (Instr. 3 a	on(s) nd 4)				
Common Stock 02/0					7/2023				A		544 <sup>(1)</sup> A		\$ <mark>0</mark>	4,174.896(2)			D			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
											onvertik									
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		n of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		) ,	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)	
													or	nount imber						
					Code	v	(A)		Date Exercisal		Expiration Date	Title	of Sh	ares						
Stock Appreciation Right	\$241.17	02/07/2023			A		2,152		(3)		02/07/2033	Common	2	,152	\$0	2,152	2	D		

## Explanation of Responses:

- 1. Restricted stock grant, all of which vests on the third anniversary of the date of grant.
- 2. This total includes reinvested dividends that have been paid on the individual's securities.
- 3. The stock appreciation right vests and becomes exercisable in three equal annual installments beginning on February 7, 2024.

## Remarks:

Katherine A. Lane, Attorneyin-fact for Alyssa R. Flynn

02/09/2023

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.