FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

| OMB APPROVAL | | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | |
| Estimated average b | ourden | | | | | | | | | |
| 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

| 1. Name and Address of Reporting Person* Mais Stephen M | | | | | 2. Issuer Name and Ticker or Trading Symbol HUBBELL INC [HUBB] | | | | | | | | | | | able) | g Pers | 10% Ov | wner |
|--|---|--|---|--------|--|---|---|---------|--|------------------------|--|--|--------------------------------|---|---|---------------------------------|-------------------------------------|--|---------------------------------------|
| | (Last) (First) (Middle) C/O HUBBELL INCORPORATED 40 WATERVIEW DRIVE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/10/2021 | | | | | | | | | below) | below) or VP Human Resources | | | s |
| (Street) SHELTON (City) | V CT | | 5484 ip) | | 4. If A | Ameno | dment, C | Date of | of Original Filed (Month/Day/Year) | | | | | Line | Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Table | e I - Non | -Deriv | ative | Sec | urities | Acq | uired, | Disp | posed o | f, or Be | ne | ficially | / Owned | | | | |
| Date | | | | | Executi Day/Year) if any | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Disposed Code (Instr. 5) | | ies Acquired (A) or Of (D) (Instr. 3, 4 and | | | 5. Amour Securitie Beneficia Owned F Reported | s illy ollowing | Form (D) o | n: Direct r Indirect istr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | | ٧ | Amount | (A) or (D) | | Price | Transacti (Instr. 3 a | ion(s) | | | (|
| Common Stock 02/10 | | | | | /2021 | | Α | | 1,041 | 1,041 ⁽¹⁾ A | | \$ <mark>0</mark> | 15,857 | | | D | | | |
| | | Ta | | | | | | | | | osed of, onvertib | | | | Owned | | | , | |
| 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 a Amount Securiti Underly Derivati (Instr. 3 | of es ng ve Se and | 4) | 8. Price of Derivative Security (Instr. 5) | | es lially light | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | | Date Exercisab | | Expiration Date | Title | OI N Of | umber | nber | | | | |
| Stock Appreciation Right | \$163.26 | 02/10/2021 | | | A | | 5,776 | | (2) | | 02/10/2031 | Common | 1 5 | 5,776 | \$0 | 5,776 | 5 | D | |

Explanation of Responses:

- 1. Restricted stock grant, all of which vests on the third anniversary of the date of grant.
- 2. The stock appreciation right vests and becomes exercisable in three equal annual installments beginning on February 10, 2022.

Remarks:

Katherine A. Lane, Attorneyin-fact for Stephen M. Mais

02/12/2021

** 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.