FORM 4

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	│ OMB APPROVAL

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	OMB Number:	3235-0287						
	Estimated average burde							
	1	711						
- 1	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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol HUBBELL INC [HUBB]									Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>Guzzi Anthony</u>						DD.	CLL II	<u>vC</u> [HUBB]				√		,		10% Ov	vner	
(Last)		Date of Earliest Transaction (Month/Day/Year)									Officer (below)	give title		Other (s	specify					
(Last) (First) (Middle) C/O HUBBELL INCORPORATED							11/15/2024													
40 WATERVIEW DRIVE																				
						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)														V	Form fil	ed by One	Repoi	rting Persor	1	
SHELTON	СТ	06	484										Form fil Person	iled by More than One R		One Repor	porting			
(City)	(State	e) (Zi	p)																	
		Table	e I - Non	-Deriv	ative	Sec	urities	Acq	uired,	Disp	osed of	, or Bei	nefi	cially	Owned					
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					ır) E	2A. Deemed Execution Date, if any (Month/Day/Year)				es Acquired (A) Of (D) (Instr. 3, 4			5. Amoun Securities Beneficia Owned For Reported	s lly ollowing	Form	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A) or (D)		Price	Transacti	Transaction(s) (Instr. 3 and 4)			(111501. 4)	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
			•	<u> </u>		ans	<u>, </u>		<u> </u>			1							1	
1. Title of Derivative Security (Instr. 3)	tive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any		Date,	4. Transa Code (8)		ı of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amour of Securities Underlying Derivative Security (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s illy	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
		Code V		(A)	(D)	Date Exercisa	able	Expiration Date	Amou or Numb of Title Share		umber									
Directors Deferred Compensation Stock Units ⁽¹⁾	(1)	11/15/2024			A		83.979		(2)		(2)	Common Stock	83	3.979	\$437.61 ⁽³⁾	32,399.9	93 ⁽⁴⁾	D		

Explanation of Responses:

- 1. Each Directors Deferred Compensation Stock Unit consists of one share of Common Stock credited as units under the Company's Deferred Plan for Directors.
- 2. Deferred units are payable commencing the fifth business day of January following the reporting person's retirement or separation from the Board.
- 3. Unit price consisting of the closing price of one share of Common Stock.
- 4. This total includes reinvested dividends that have been paid on the individual's Directors Deferred securities.

Remarks:

/s/ Katherine A. Lane, Attorney-11/19/2024 in-fact for Anthony Guzzi

** 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.