| SEC For | rm 4 | | | | | | | | | | | | | | | | | | | |
|---|---|----|--|---------|---|--|------------|--------------|--|--|---------|-------------------------|--|------------------------------------|---|------------------------------------|---|-------------------------------|---|---|
| FORM 4 | | | UNITED STATES SECURITIES AND EXCHANGE COMM Washington, D.C. 20549 | | | | | | | | | | | | | SSION OMB APPROVAL | | | | VAL |
| Sectio obligat | this box if no l n 16. Form 4 o ions may conti tion 1(b). | | STATEMENT OF CHANGES IN BENEFICIAL OWNER Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 | | | | | | | | | | | | Estima | | | Number | r: erage burder | 3235-0287 |
| 1. Name and Address of Reporting Person* Lind Bonnie Cruickshank | | | | | | 2. Issuer Name and Ticker or Trading Symbol HUBBELL INC [HUBB] | | | | | | | | | heck all ap X Dire | plicat ctor | 10% 0 | | | Owner |
| | (Last) (First) (Middle) C/O HUBBELL INCORPORATED 40 WATERVIEW DRIVE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/15/2021 | | | | | | | | | | | ive title | | Other (s below) | specify |
| (Street) SHELTON CT 06484 | | | | | 4.1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. I Lin | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | |
| (City) | r) (State) (Zip) | | | | | | | | | | | | | | Per | son | | | | |
| | | Та | ble I - Nor | n-Deriv | vativ | e Se | ecurities | s Ac | quired, C | Disp | posed c | of, o | or Ben | eficia | ly Own | d | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | | | | y (D) o | | Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | unt (A) or Pi (D) Pi | | Price | Trans | Transaction(s) (Instr. 3 and 4) | | | | (1150.4) |
| | | | Table II - | | | | | | uired, Di , options | | | | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deemed Execution Da if any (Month/Day/ | Co | 4. Transaction Code (Instr. 8) | | Derivative | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | of S Unc Der | Title and Securitie derlying Tivative S Str. 3 and | Security | Derivative Security | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s | | 10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | Beneficial Ownership t (Instr. 4) |
| | | | | C | ode | v | | | Date Exercisable | Date E Exercisable D | | 0 | | Amount or Number of Share | er | | (Instr. 4) | | | |

Explanation of Responses:

(1)

1. Each Director Deferred Compensation Stock Unit consists of one share of Common Stock credited as units under the Company's Deferred Plan for Directors.

126.038

(2)

2. Deferred units are payable commencing the fifth business day of January following the reporting person's retirement or separation from the Board.

A

3. Unit price consisting of the closing price of one share of Common Stock.

11/15/2021

4. This total includes reinvested dividends that have been paid on the individual's Directors Deferred securities.

Remarks:

Directors Deferred

Restricted

Common Stock Units⁽¹⁾

Katherine A. Lane, Attorney-in-
fact for Bonnie Cruickshank11/16/2021

126.038

\$208.27⁽³⁾

1,058.589⁽⁴⁾

D

Common Stock

Lind

(2)

** Signature of Reporting Person Date

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

 \ast 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.