

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934
or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL	
OMB Number:	3235-0104
Estimated average burden hours per response:	0.5

1. Name and Address of Reporting Person* <u>Pollino Jennifer</u> (Last) (First) (Middle) <u>C/O HUBBELL INCORPORATED</u> <u>40 WATERVIEW DRIVE</u> (Street) <u>SHELTON</u> <u>CT</u> <u>06484</u> (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) <u>08/21/2020</u>	3. Issuer Name and Ticker or Trading Symbol <u>HUBBELL INC [HUBB]</u> 4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person Form filed by More than One Reporting Person
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Table I - Non-Derivative Securities Beneficially Owned			
1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)					
1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	

Explanation of Responses:

Remarks:

No securities are beneficially owned.

Katherine A. Lane Attorney-in-fact for 08/28/2020
Jennifer Pollino

** 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 5 (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.

HUBBELL INCORPORATED
POWER OF ATTORNEY TO SIGN REPORTS ON FORMS 3, 4 AND 5

KNOW ALL MEN BY THESE PRESENTS, that the undersigned in her capacity as set forth below, hereby constitutes and appoints KATHERINE A. LANE and
The undersigned acknowledges that the foregoing attorneys-in-fact, in serving in such capacity at the request of the undersigned, are not assu
IN WITNESS WHEREOF, the undersigned has subscribed these presents this 27th day of August, 2020.

/s/Jennifer Pollino
Jennifer Pollino

STATE OF NORTH CAROLINA)
COUNTY OF MECKLENBURG)

On this 27th day of August 2020, Jennifer Pollino personally appeared before me, and acknowledged that she executed the foregoing instrument fi
IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

/s/Aleksandr Bogatyrchuk
Aleksandr Bogatyrchuk