SEC Form 4	
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FORM 4

Check this box if no longer subject to

(1)

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

OMB APPROVAL

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

D

(Instr. 4)

Following Reported Transaction(s)

1,624.556⁽⁴⁾

Filed pursuant to Section 16(a) of the Securities Exchange	ae Act o	f 1934

Section 16	6. Form 4 or Fo	rm 5										Estim	ated ave	erage burder	n			
obligations may continue. See						ed pursuant to Section 16(a) of the Securities Exchange Act of 1934								hours	hours per response:		0.5	
Instruction	1 1(b).			File								ļ.						
1. Name and Address of Reporting Person*					or Section 30(h) of the Investment Company Act of 1940 2. Issuer Name and Ticker or Trading Symbol HUBBELL INC [HUBB]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Lind Bonnie Cruickshank											Γ x	X Director			10% Owner			
	C/O HUBBELL INCORPORATED					3. Date of Earliest Transaction (Month/Day/Year) 11/15/2022							Officer (below)	give title	title Other (below)		specify	
40 WATERVIEW DRIVE				4. If Ame	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable							
(Street)											Line)	Form file	ed by One	Report	Reporting Person			
SHELTON	СТ	0	6484										Form filed by More than One Reporting Person				ting	
(City)	(Stat	e) (Z	Zip)															
		Tab	le I - Nor	n-Deriv	ative Se	curities Acq	uired,	Disp	osed of	, or E	Bene	ficially	Owned					
1. Title of Security (Instr. 3) Date (Month/			Day/Year)	3. Transaction Code (Instr. 8) 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4							Form: Dire (D) or Indir		7. Nature of Indirect Beneficial Ownership (Instr. 4)					
						Code V Amount (A) or Price Transac				Transactio (Instr. 3 an	iction(s)			(1150.4)				
			Fable II -	Deriva	tive Sec	urities Acqu	ired, C	Dispo	sed of, o	or Be	enefic	cially O	wned				1	
				(e.g., p	outs, call	s, warrants,	optior	ns, c	onvertib	le se	curit	ies)						
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any		Date,	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year) (Month/Day/Year) Expiration Call of Securities Underlying Derivative Se (Instr. 3 and 2)			s ecurity	8. Price of Derivative Security (Instr. 5) Beneficia Owned Followin Reportee		re es ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)				

Date Exercisable

(2)

(D)

(A)

115 166

Expiration Date

(2)

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

Remarks:

Directors Deferred

atior Stock Units⁽¹⁾

Explanation of Responses:

Comr

Katherine A. Lane, Attorney-in-11/17/2022 fact for Bonnie Cruickshank Lind

\$249.64⁽³⁾

** Signature of Reporting Person Date

Title

Commor

Stock

Amount

Number of Shares

115.166

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).

11/15/2022

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

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Code ۷

Α

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

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.