## Edgar Filing: HUBSPOT INC - Form 4

HUBSPOT I	NC												
Form 4													
August 08, 2	016												
FORM	14										PPROVAL		
	UNITE	CD STATE				ND EXC D.C. 205		NGE (	COMMISSION	OMB Number:	3235-0287		
Check thi										Expires:	January 31,		
if no long subject to		STATEMENT OF CHANGES					CIA	LOW	NERSHIP OF		2005 average		
Section 1	6.	SECURITIES						Estimated average burden hours per					
Form 4 or Form 5			~			~				response	0.5		
obligation	<b>a</b> .c	-						-	e Act of 1934,				
may cont				•		•	- ·		f 1935 or Sectio	n			
See Instru	uction	30(h	) of the In	vestme	ent (	Company	y Aci	t of 194	40				
1(b).													
(Print or Type F	Responses)												
	•												
1. Name and A	ddress of Report	ing Person <sup>*</sup>	2. Issuer	Name a	nd	Ticker or 7	Tradin	ıg	5. Relationship of	of Reporting Person(s) to			
Kinzer John			Symbol						Issuer				
HUBS				BSPOT INC [HUBS]					(Chao	le all amplicable	.)		
(Last)	(First)	(Middle)	3. Date of	3. Date of Earliest Transaction				(Check all applicable)					
				Ionth/Day/Year)					Director 10% Owner				
C/O HUBSE	POT, INC., 25	FIRST	08/04/20	016					X Officer (give	e title Other	er (specify		
STREET, 21	ND FLOOR								below) Chief	Financial Offic	er		
	(Street)		4 If Ame	ndment	Dat	e Original			6 Individual or Id	oint/Group Filir	og(Check		
				Amendment, Date Original (Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line)				
			1 1100(11101		eu)				_X_ Form filed by (				
CAMBRID	GE, MA 0214	1							Form filed by N Person	Iore than One Re	eporting		
(City)	(State)	(Zin)											
(City)	(State)	(Zip)	Tabl	e I - Noi	n-De	erivative S	Securi	ties Acc	quired, Disposed of	f, or Beneficial	ly Owned		
1.Title of	2. Transaction			3.					5. Amount of	6. Ownership			
Security	(Month/Day/Ye	on Date, if Transaction(A) or Disposed of				d of	Securities Beneficially	Form: Direct (D) or	Indirect Beneficial				
(Instr. 3)		Code (D) /Day/Year) (Instr. 8) (Instr. 3, 4 and 5)				5)	Owned	Indirect (I)	Ownership				
		× ×	,	,		· · · ·		<i>,</i>	Following	(Instr. 4)	(Instr. 4)		
							(A)		Reported				
							or		Transaction(s) (Instr. 3 and 4)				
Comment				Code	V	Amount	(D)	Price	( )				
Common Stock	08/04/2016			F <u>(1)</u>		676	D	\$ 56.7	102,149	D			

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

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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. Transact Code (Instr. 8)	5. ionNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	Date	Amou Unde Secur	le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code V	<sup>7</sup> (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Kinzer John C/O HUBSPOT, INC. 25 FIRST STREET, 2ND FLOOR CAMBRIDGE, MA 02141			Chief Financial Officer					
Signatures								
/s/ John Kelleher, attorney in fact	08/08/	2016						
**Signature of Reporting Person	Date	e						
Explanation of Responses:								

## \* 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).

(1) Shares withheld by Issuer to cover taxes associated with settlement of restricted stock units.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.