Edgar Filing: HUBSPOT INC - Form 4

HUBSPOT I	NC											
Form 4												
March 08, 20)16											
FORM	14						~~~ .			OMB AF	PROVAL	
	UNITEL) STATES		RITIES A shington				NGE C	COMMISSION	OMB Number:	3235-0287	
Check thi if no long										Expires:	January 31,	
subject to		MENT O	F CHAN		GES IN BENEFICIAL OWNERSHIP O					Estimated average		
Section 1	6.			SECUI	SECURITIES					burden hours per		
Form 4 or Form 5			~ · .			~ .				response	0.5	
obligation	-							-	e Act of 1934,			
may cont				•		•	· ·		1935 or Section	1		
See Instru	uction	30(h)	of the In	vestmen	ťĊ	ompan	y Ac	t of 194	0			
1(b).												
(Print or Type F	Responses)											
	I I I I I											
1. Name and A	ddress of Reportin	g Person [*]	2. Issuer	r Name an	d Ti	icker or	Tradiı	ng	5. Relationship of	Reporting Pers	son(s) to	
Kinzer John Symbol				-				0	Issuer			
•				BSPOT INC [HUBS]					(Chask all applicable)			
			3 Date of	Date of Earliest Transaction					(Check all applicable)			
				th/Day/Year)					Director 10% Owner			
C/O HUBSE	POT, INC., 25 I	FIRST		6/04/2016					\underline{X} Officer (give			
STREET, 21	ND FLOOR								below) Chief H	below) Financial Offic	er	
	(Streat)		4 TE A			0-1-1-1-1						
				If Amendment, Date Original					6. Individual or Joint/Group Filing(Check			
Filed(Mo				Month/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person			
CAMBRID	GE, MA 02141								Form filed by M Person			
(City)	(State)	(Zip)	Tabl	e I - Non-l	Der	vivative s	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction Da	ate 2A Dee	med	3.	4	. Securit	ies Ad	cauired	5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Year		on Date, if	Transacti					Securities	Form: Direct		
(Instr. 3)		any	Code (Instr. 3, 4 and 5)					5)	Beneficially	(D) or	Beneficial	
		(Month/	Day/Year)	(Instr. 8)					Owned Following	Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
									Reported	(IIISU. 4)	(11150.4)	
							(A) or		Transaction(s)			
				Code V	I A	Amount	(D)	Price	(Instr. 3 and 4)			
Common Stock	03/04/2016			F <u>(1)</u>		576	D	\$ 43.74	113,539	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. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code V	(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	03/08/2016							
**Signature of Reporting Person	Date	e						
Explanation of Responses:								

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.