FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	VAL				
	OMB Number:	3235-0287				
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

Name and Address of Reporting Person* Light Control Prices Light Control Prices							2. Issuer Name and Ticker or Trading Symbol HUBSPOT INC [HUBS]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>Halligan Brian</u>							TODO TODO								X	Direc	ctor	10%	Owner	
,													X	Office	er (give title	Othe	(specify			
(Last) (First) (Middle)							3. Date of Earliest Transaction (Month/Day/Year)									belov	v)	belov	1)	
C/O HUBSPOT, INC.							11/02/2015								Chief Executive Officer					
25 FIRST STREET, 2ND FLOOR																				
							4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street)					" "	Il ranonament, bate of original Filed (Month/bay/Teal)									Line)					
CAMBRIDGE MA 02141															X Form filed by One Reporting Person					
															Form filed by More than One Reporting					
(City)	(9	State) (Zip)												Person					
(0.0)			—																	
		Tab	e I - Noi	า-Deriv	ative	Se	curitie	s Acq	uired,	Dis	posed o	f, o	r Ben	efici	ally (Owne	ed			
1. Title of Security (Instr. 3) 2. Transac							2A. Deem		3.		4. Securities Acquired (A						ount of	6. Ownership	7. Nature	
				Date (Month/D	Dav/Yea	Execution Date, ay/Year) if any			Transaction Disposed Of (D) (Instr. 3, 4 Code (Instr. 5)			. 3, 4 a	l and Securi Benefi			Form: Direct (D) or Indirect	of Indirect Beneficial			
(WORLINDA						(Month/Day/Year)									Owned Follov Reported		d Following	(I) (Instr. 4)	Ownership (Instr. 4)	
									Code	v	Amount		(A) or Price		Transaction(s)		action(s)		(111511.4)	
							1				(D)	1		(Instr. 3 and 4)						
Common Stock 11/02/2							2015				91	91 D \$		\$52	.42	832,595		D		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
(e.g., puts, calls, warrants, options, convertible securities)																				
1. Title of	2.	3. Transaction	3A. Deem	ed	4.		5. Number		6. Date E	sable and	and 7. Title and			8. Price		9. Number o	f 10.	11. Nature		
Derivative	Conversion	Date (Month/Day/Year)	Execution if any (Month/Da	Date,	Transa		on of I		Expiration Date			Ame	Amount of		Derivative		derivative	Ownership Form:	of Indirect	
Security (Instr. 3)	or Exercise Price of				Code (8)	ınstr.			(Month/Day/Year)				Securities Underlying		Security (Instr. 5)		Securities Beneficially	Direct (D)	Beneficial Ownership	
	Derivative Security							Acquired (A) or		Derivative Security (Ins				ctr 2			Owned Following	or Indirect (I) (Instr. 4)	(Instr. 4)	
Security						Disposed		and 4)				15u. 5			Reported	1				
							of (D) (Instr. 3, 4										Transaction((Instr. 4)	s)		
			and 5)]		(
				Γ										ount						
													or Nu	mber						
					Code	v	(A)		Date				of	ares						
		1	I		Coue	ľ	(^)	(4)	-ACI CISA	ון שייי	Date	Title	- Jile	xi C3	1				1	

Explanation of Responses:

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

Remarks:

/s/ John Kelleher, attorney in fact 11/0

11/04/2015

** 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 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.