## FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

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

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

1. Name and Address of Reporting Person* Halligan Brian					2. Issuer Name <b>and</b> Ticker or Trading Symbol HUBSPOT INC [ HUBS ]								(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner							
	BSPOT, II L PARK	First) NC.	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 02/18/2025								J	Officer below)	(give title  Execut	Other (specify below)		specify		
(Street) CAMBR (City)		MA State)	02141 (Zip)		4. l	f Ame	ndme	nt, Date	of Ori	iginal F	iled	(Month/D	ay/Yea	ar)	Line		Form f	iled by One	e Repo	g (Check Ap orting Perso n One Repo	n
			ole I - No	n-Deriv	ative	e Se	curit	ies Ad	quir	red, [	Disp	osed o	of, or	r Ber	neficial	ly C	Owned	<u> </u>			
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		ar) i	2A. Deemed Execution Date, if any (Month/Day/Year)		r, Transaction Disposed Of ( Code (Instr. 5)			ties Acquired (A) or I Of (D) (Instr. 3, 4 ar			5. Amound Securitie Beneficia Owned F		s ally ollowing	Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership			
							С	ode	v	Amount		(A) or (D)	Price	Tran		etion(s) and 4)			(Instr. 4)		
Common Stock 02/1			02/18	3/2025			N	M <sup>(1)</sup>		8,50	0	A	\$52.	8	533	,251		D			
Common Stock 02/18.			8/202	/2025			S <sup>(1)</sup>		8,500		D	\$810	524		4,751		D				
			Table II -									sed of onverti				Ov	vned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemd Execution if any (Month/Da	Date,		ransaction Code (Instr.		of E		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		Security	8. Pric Derive Secur (Instr.		tive derivative ty Securitie		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownershi (Instr. 4)
Stock					Code	v			Date Exerc	cisable		xpiration ate	Title		Amount or Number of Shares						

(2)

02/01/2027

## **Explanation of Responses:**

Option

(right to

buy)

- 1. This transaction reported on this Form 4 was effected pursuant to a 10b5-1 trading plan adopted on 6/3/2024.
- 2. This stock option is fully vested.

/s/ Marissa Donovan, attorney-

\*\* Signature of Reporting Person

8,500

Stock

02/20/2025

Date

4,221

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).

02/18/2025

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

**M**<sup>(1)</sup>

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.