FORM 4

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

Washington	D.C. 20549	

**OMB APPROVAL** STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 10b5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1(c). Se	ee Instruction 1	0.																			
Name and Address of Reporting Person*     Rangan Yamini					2. Issuer Name and Ticker or Trading Symbol HUBSPOT INC [ HUBS ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
<u>Kangan Yamini</u>										-				1	Direc						
(F. ) (F. II.)					2.0									1		Officer (give title Other (specify below) below)					
(Last) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 10/01/2025									Chief Executive Officer & Pres								
C/O HUBSPOT, INC.																					
2 CANAL PARK																					
(Street)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)						
, ,	IDGE M.	Α 0	2141	1										Form filed by One Reporting Person							
CAMBRIDGE WA 02141													Form filed by More than One Reporting								
(City)	(St	ate) (2	Zip)												Perso	ori					
		Table	I - N	Non-Deriva	tive	Secui	rities	Ac	quire	ed, Di	sposed o	f, or E	Benefic	ially	Own	ed					
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye			ear) i	2A. Deemed Execution Date, if any (Month/Day/Year)		e,	3. Transaction Code (Instr. 8) 4. Securities Acquirities Acquiriti					Beneficially Owned Follow		i Ily	6. Ownersh Form: Direc (D) or Indire (I) (Instr. 4)		Indirect Beneficial Ownership				
								Code	v	Amount	(A) or (D)	Price	Reporte Transac (Instr. 3		tion(s)		(Ins		tr. 4)		
Common Stock 10/0			10/01/202	25				F <sup>(1)</sup>		3,627	D	\$440.2	.5	58,664		D					
Common Stock													8,170		I		See Footnote. <sup>(2)</sup>				
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Exe if an	Deemed cution Date, ly nth/Day/Year)	4. Transa Code 8)	action (Instr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Date (Month/Day/Year)			Amou Secu Unde Deriv	rlying ative rity (Instr.	8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exe	e rcisable	Expiration Date	Title	Amount or Number of Shares	er							

## **Explanation of Responses:**

- 1. Shares withheld by Issuer to cover taxes associated with settlement of restricted stock units.
- 2. Shares held by the KK 2024 GRAT Grantor Retained Annuity Trust dated March 1, 2024 for which the Reporting Person is the trustee

/s/ Joseph Theis, attorney-in-<u>fact</u>

10/03/2025

\*\* 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.