FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average b | ourden | | | | | | | | |

0.5

hours per response:

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

| 1. Name and Address of Reporting Person* NORRINGTON LORRIE M | | | | | | 2. Issuer Name and Ticker or Trading Symbol HUBSPOT INC [HUBS] | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|---|---|--|--|---------|---------------------------|---|---|-------|--|------|----------------------------|-----------------|---------------------------------------|--|---|----------------------------|--|---|------------|--|
| | | | | | | - <u>-</u> | | | | | | | | X | Directo | or | | 10% Ov | vner | |
| (Last) | (First) (Middle) | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/29/2015 | | | | | | | | | Officer (give title below) | | Other (s below) | specify | |
| | | | | | | | | | | | | | | | | | | | | |
| 25 FIRST STREET, 2ND FLOOR | | | | | 4. I | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) CAMBRIDGE MA 02141 | | | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (5 | State) | (Zip) | | | | | | | | | | | | | | | | | |
| | | Tab | le I - No | n-Deriv | ative | Se | curitie | s Acc | լuired, ն | Disp | osed o | of, or Be | enefi | cially | / Owned | i | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | ar) E | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Dispose Code (Instr. 5) | | ties Acqui d Of (D) (In | | 4 and Securition Beneficition Owned I | | es For ially (D) Following (I) (I | | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | r Pi | ice | Reported Transact (Instr. 3 | | | | (Instr. 4) | |
| Common Stock 04/29/2 | | | | | 9/2015 | /2015 | | | A | | 2,531 | (1) A | \$ | 0.00 | 2,931 | | | D | | |
| | | 7 | able II - | | | | | | ired, Di options | | | | | | Owned | | | | | |
| Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/Da | Date, | ate, Transaci Code (In | | | | 5. Date Exe Expiration I Month/Day | Date | Amount of | | | 3. Price of Derivative Security Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership ct (Instr. 4) | | |
| | | | | c | Code | v | (A) | | Date Exercisable | | xpiration ate | Title | Amo or Num of Sha | ber | | | | | | |
| Stock Option (right to | \$39.51 | 04/29/2015 | | | A | | 2,039 | | (2) | 04 | 4/29/2025 | Common Stock | 2,0 | 39 | \$0.00 | 2,039 | | D | | |

Explanation of Responses:

- 1. These shares were acquired pursuant to a restricted stock unit award under the Company's 2014 Stock Option and Incentive Plan. Each restricted stock unit represents a contingent right to receive one share of the Company's Common Stock. The restricted stock units vest in full on May 1, 2016.
- 2. This stock option vests in full on May 1, 2016.

Remarks:

buy)

/s/ John Kelleher, attorney-in-

fact
** Signature of Reporting Person

<u>05/18/2015</u>

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.