FORM 4

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

| Washington, | D.C. 205 | 549 |
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## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box if no longer subject to

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.

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

|   | See Instruction         |   |                 |   |  |          |   |        |  |         |                               |  |                                   |   |                                       |   |   |                |                                       |
|---|-------------------------|---|-----------------|---|--|----------|---|--------|--|---------|-------------------------------|--|-----------------------------------|---|---------------------------------------|---|---|----------------|---------------------------------------|
| 1. Name and Address of Reporting Person*  Bueker Kathryn      |                         |   |                 | 2. Issuer Name <b>and</b> Ticker or Trading Symbol HUBSPOT INC [HUBS] |  |          |   |        |  |         |                               | Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner         |                                   |   |                                       |   |   |                |                                       |
|   | <u> </u>                | -   |                 |   |  |          |   |        |  |         |                               |  |                                   |   |                                       | er (give title  |   | Other (s       |                                       |
| (Last)  | `                       | ,   | Middle)         |   |  | ate of E |   | Trans  | saction (  | Month   | n/Day/Year)                   |  |                                   | 1   | below                                 |   | ncial (   | below)         | эрсспу                                |
| C/O HU  | BSPOT, IN               | IC.   |                 |   | 09/0   | 13/202   | -   |        |  |         |                               |  |                                   |   |                                       |   |   |                |                                       |
| 2 CANA  | AL PARK                 |   |                 |   |  |          |   |        |  |         |                               |  |                                   |   |                                       |   |   |                |                                       |
|   |                         |   |                 |   | 4. If A  | Amend    | ment, [   | Date o | of Origin  | al File | ed (Month/Da                  | y/Year)  |                                   |   | idual or                              | r Joint/Grou  | p Filing  | g (Check A     | pplicable                             |
| (Street)  |                         |   |                 |   |  |          |   |        |  |         |                               |  |                                   | Line)   | Form                                  | filed by On   | a Panc  | orting Pers    | nn.                                   |
| CAMBR   | RIDGE M                 | IA 0  | 2141            |   |  |          |   |        |  |         |                               |  |                                   | ٧   |                                       | filed by Mo   |   | •              |                                       |
|   |                         |   |                 |   |  |          |   |        |  |         |                               |  |                                   |   | Perso                                 |   | io aidii  | r one rtop     | or unig                               |
| (City)  | (5                      | tate) (2  | Zip)            |   |  |          |   |        |  |         |                               |  |                                   |   |                                       |   |   |                |                                       |
|   |                         | Table   | I - No          | n-Deriva  | tive S   | Secui    | rities  | Acc    | quired   | , Dis   | posed of                      | , or E   | enefic                            | cially  | Own                                   | ed  |   |                |                                       |
| 1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day |                         |   | Execution Date, |   | 3.<br>Transaction<br>Code (Instr. 8)  4. Securities Acquired (A)<br>Disposed Of (D) (Instr. 3, 4 |          |   |        | 4 and Securit  |         | ties<br>cially<br>I Following | Form   | : Direct<br>r Indirect<br>str. 4) | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |                                       |   |   |                |                                       |
|   |                         |   |                 |   |  |          |   |        | Code   | v       | Amount                        | (A) o<br>(D)   | r<br>Price                        | •   | Transa                                | ction(s)<br>3 and 4)  |   |                | (instr. 4)                            |
| Common  | n Stock                 |   |                 | 09/03/2   | 024  |          |   |        | F <sup>(1)</sup>   |         | 224                           | D  | \$49                              | 5.76  | 43                                    | 3,463   |   | D              |                                       |
|   |                         | Tal   | ble II -        |   |  |          |   |        |  |         | osed of,<br>convertib         |  |                                   |   | Owne                                  | d   |   |                |                                       |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)           | or Exercise<br>Price of | Conversion or Exercise (Month/Day/Year) Price of Derivative  Date (Month/Day/Year)  Execution Date, if any (Month/Day/Year) |                 | ion Date,   | 4.<br>Transaction<br>Code (Instr.<br>8)  |          | 5. Number<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3, 4<br>and 5) |        | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |         |                               | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Ins<br>3 and 4) |                                   | Der<br>Sec<br>(Ins  | rice of<br>ivative<br>urity<br>tr. 5) | 9. Number<br>derivative<br>Securities<br>Beneficiall<br>Owned | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) |                | Beneficial<br>Ownership<br>(Instr. 4) |
|   | Security                |   |                 |   |  |          | Dispo<br>of (D)<br>(Instr.  | . 3, 4 |  |         |                               |  |                                   |   |                                       | Following<br>Reported<br>Transactio<br>(Instr. 4)             | Ι,  | i) (iiisti. 4) |                                       |

## **Explanation of Responses:**

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

/s/ Alyssa Harvey Dawson, attorney-in-fact

09/05/2024

\*\* 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.