FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Machinaton	$D \subset$	205/10
Washington,	D.C.	20549

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0362									
Estimated average burden										
hours per response:	1.0									

Form 3 Holdings Reported.

16(a) of the Cocurities Evolution Act of 1024

X Form 4	Transactions R	eported.	FIIE	or Section					ompany Ac								
1. Name and Address of Reporting Person*			2. Issuer Name and Ticker or Trading Symbol HUBSPOT INC [HUBS]							5. Relationship of Reporting (Check all applicable) X Director				. ,	Issuer Owner		
	(Fir	2.	Middle)	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 10/15/2014						Year)		Officer (give title below)			Othe belo	er (specify w)	
25 FIRST STREET, 2ND FLOOR			4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street) CAMBRIDGE MA 02141											X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(Sta	ate) (ž	Zip)														
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)		Execution Date, if any		Transaction Code (Instr. 8)		4. Securities Acquired (A) or Dispos Of (D) (Instr. 3, 4 and 5)		or Dispose	Securi Benefi		ties Ov		ership : Direct	7. Nature of Indirect Beneficial Ownership			
						Amou	nt	(A) or (D) Price			Issuer's	ier's Fiscal Ìnd			(Instr. 4)		
Common Stock 10/15/2014			P.		4	400 A \$2		\$25	6,300		300		D				
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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	of	r r osed) : 3, 4	Expiration		Expiration		e and unt of rities ritying ative rity (Instr. 3) Amount or Number of Shares	Der Sec (Ins	Price of rivative curity str. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e Owners s Form: ally Direct (Beneficial Ownership t (Instr. 4)

Explanation of Responses:

Remarks:

/s/ John Kelleher, attorney-in-

02/17/2015

fact

** 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.