FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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OMB APPROVAL OMB Number: 3235-0287 Estimated average burden

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(h) |

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* Bueker Kathryn | | | | | | 2. Issuer Name and Ticker or Trading Symbol HUBSPOT INC [HUBS] | | | | | | | | heck all ap Dire | | or 10% Owner (give title Other (specify | | | | |
|----------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------|--------------------------------------------|-------------------------------------------------------------|---------------------------------------------|------------------------------------------------------------------|-----------------|-------------------------------------------------------------|-------------------------------------------------------|--------------|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|--------------------------------------------------------------|---------------------------------|--------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------------|--|--|
| (Last) C/O HUI | BSPOT, IN | C. | | 3. Date of Earliest Transaction (Month/Day/Year) 11/15/2024 | | | | | | | | belo | low) `Chief Financia | | below) | | | | | |
| (Street) CAMBR (City) | RIDGE M | IA State) | - | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | . Individual or Joint/Group Filing (Check Applicable ine) Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | | |
| 1. Title of Security (Instr. 3) | | | | 2. Trans | 2. Transaction 2 Date E (Month/Day/Year) if | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (Instr. | | | | 5. Amount of Securities Beneficially Owned Followin | | Forn (D) o | n: Direct | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | | rted action(s) . 3 and 4) | | | (Instr. 4) | | |
| Common Stock 11/15/2 | | | | | | | | | M ⁽¹⁾ | | 902 | A | \$128 | 3.1 | 42,161 | | D | | | |
| Common Stock 11/15/2 | | | | | 5/2024 | .024 | | S ⁽¹⁾ | | 1,930 | D | \$685 | .89 | 9 40,231 | | D | | | | |
| | | Т | able II - | | | | | | | | osed of converti | | | | d | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deen Executio if any (Month/D | n Date, | 4. Transa Code (8) | | 5. Number on of | | 6. Date Exercis: Expiration Date (Month/Day/Yea | | 9 | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price Derivativ Security (Instr. 5) | | e s ally g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | Amount or Number of Shares | | | | | | | |
| Employee Stock Option (right to | \$128.1 | 11/15/2024 | | | M ⁽¹⁾ | | | 902 | (2) | | 07/02/2028 | Common Stock | 902 | \$0.00 | 902 | | D | | | |

Explanation of Responses:

buy)

- 1. This transaction reported on this Form 4 was effected pursuant to a 10b5-1 trading plan adopted on 2/16/2024.
- 2. This stock option is fully vested.

/s/ Alyssa Harvey Dawson, ** Signature of Reporting Person

11/18/2024

attorney-in-fact

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.