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HUBSPOT INC

Form 4 May 18, 201	5										
									OMB AF	PROVAL	
FORM	4 UNITED	STATES					NGE C	OMMISSION	OMB Number:	3235-0287	
Washington, D.C. 20549Check this box if no longer subject to Section 16.STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIESForm 4 or Form 5 obligations 					e Act of 1934, 1935 or Sectior	Expires:January 31, 2005Estimated average burden hours per response0.5					
(Print or Type]	Responses)										
1. Name and Address of Reporting Person <u>*</u> Kelleher John P.			2. Issuer Name and Ticker or Trading Symbol HUBSPOT INC [HUBS]				g	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(1			3. Date of Earliest Transaction (Month/Day/Year) 02/10/2015					Director 10% Owner X Officer (give title Other (specify below) below) General Counsel			
CAMBRID	(Street) GE, MA 02141			ndment, Da th/Day/Year	-			6. Individual or Jo Applicable Line) _X_ Form filed by C Form filed by M Person	One Reporting Pe	rson	
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Acqu	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	3. Transactio Code (Instr. 8) Code V	4. Securiti n(A) or Dis (Instr. 3, 4) Amount	posed	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	02/10/2015			A <u>(1)</u>	17,500	A	\$ 0	45,143	D		
Common Stock	04/08/2015			F <u>(2)</u>	500	D	\$ 38.94	44,643	D		
Common Stock	05/01/2015			F <u>(2)</u>	34	D	\$ 38.85	44,609	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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number.

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. Transactic Code (Instr. 8)	TransactionDerivative Code Securities		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (right to buy)	\$ 34.76	02/10/2015		А	11,667	(3)	02/10/2025	Common Stock	11,667	

Reporting Owners

Reporting Owner Name / Addre	35	Relationships						
	Director	10% Owner	Officer	Other				
Kelleher John P. C/O HUBSPOT, INC. 25 FIRST STREET, 2ND FLO CAMBRIDGE, MA 02141	OR		General Counsel					
Signatures								
/s/ John Kelleher 05	/18/2015							

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Date

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

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

- (1) restricted stock unit represents a contrigent right to receive one share of the company's common stock. The restricted stock units ves over four (4) years beginning on January 1, 2015, at a rate of twenty-five percent (25%) after 12 months, and in thirty-six (36) equal monthly installments thereafter.
- (2) Shares withheld by Issuer to cover taxes associated with settlement of restricted stock units
- (3) This stock option vests over four (4) years beginning on January 1, 2015, at a rate of twenty-five percent (25%) after 12 months, and in thirty-six (36) equal monthly installments thereafter.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

**Signature of

Reporting Person