FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
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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)

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* Shah Dharmesh						2. Issuer Name and Ticker or Trading Symbol HUBSPOT INC [HUBS]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Shan D	<u>narmes</u>	<u>11</u>														X	Direc	ctor	10%	Owner		
-						-										X	Offic	er (give title	Othe	er (specify		
(Last)		(First	t) (I	Middle)		3. D	3. Date of Earliest Transaction (Month/Day/Year)									Λ	belov	N)	belo	w)		
C/O HUBSPOT, INC.					06/	06/01/2015									Chief Technology Officer							
25 FIRST STREET, 2ND FLOOR																						
23 FIN31 31 REE1, 2IND FLOOR					4 16	A 16 Assessment Data of Original Filed (Atanth D. D.)										C. Individual and Inital Consum Filling (Observed 1997)						
(Ctroot)						- 4. IT	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) CAMBR	IDCE	MA	0	2141												X Form filed by One Reporting Person						
CAMBR	IDGE	IVIA	·	2141													Forn	n filed by Moi	re than One R	eporting		
,						-											Pers					
(City)		(Stat	e) (2	Zip)																		
			Tabl	e I - Noi	n-Deriv	ative	Se	curitie	s Acc	quired,	Dis	posed o	f, o	r Ben	efici	ally (Owne	ed				
1. Title of S	Security (II	nstr.	3)		2. Trans	action	ction 2A. Deemed				3. 4. Securities Acquired (A)							ount of	6. Ownership	7. Nature		
					Date (Month/I	Dav/Yea		Execution Date, if any					Disposed Of (D) (Instr. 3, 4		. 3, 4 a	Benet Owne			Form: Direct (D) or Indirec	of Indirect Beneficial		
					(- u,, . o.			th/Day/Year)] "					d Following	(I) (Instr. 4)	Ownership		
										Code	v	Amount		(A) or (D)	Price	.	Reported Transaction(s)			(Instr. 4)		
											Ľ	Amount		(D) F110		(Instr.		3 and 4)				
Common Stock 06/01/						L/2015	5					34		D	\$50).13	3 1,941,648		D			
			Ta	ble II - I	Derivat	ive S	ecu	ırities	Acani	ired. D	isno	sed of,	or F	Benef	iciall	v Ov	ned					
												onvertib										
1. Title of	2.		3. Transaction	3A. Deem		4. Transaction Code (Instr		on of				sable and	7. Title and			8. Price of Derivative Security (Instr. 5)		9. Number o		11. Nature		
Derivative Security	Conversion or Exercise		Date (Month/Day/Year)	Execution if any (Month/Da						Expiration (Month/D				Amount of Securities Underlying Derivative				derivative Securities	Ownershi Form:	of Indirect Beneficial		
(Instr. 3)	Price of Derivative					8)	8) `		Securities		-	•						Beneficially Owned	Direct (D) or Indirec	Ownership (Instr. 4)		
Security							Acquired (A) or					Sec	Security (Instr.		3		Following	(I) (Instr. 4				
						Disposed of (D)			and 4			and 4)				Reported Transaction	(s)					
						(Instr. 3, 4					l					(Instr. 4)	(6)					
		ŀ			and 5)																	
													Am or	ount								
							Date				Nu	mber				1						
						Code	v	(A)				Expiration Date	Title		of Shares							

Explanation of Responses:

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

Remarks:

/s/ John Kelleher, attorney-in-06/03/2015

<u>fact</u>

** 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.