FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 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(b).

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

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(0). 31	e instructio	11 10	•																	
Name and Address of Reporting Person* Develop Worthware							2. Issuer Name and Ticker or Trading Symbol HUBSPOT INC [HUBS]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Bueker Kathryn																Direc	tor		10% O	wner
															1	Office	er (give title		Other (below)	specify
(Last) (First) (Middle)							3. Date of Earliest Transaction (Month/Day/Year)									Chief Financial Officer				
C/O HU	03/1	05/19/2025										mer i ma	TOTAL							
2 CANA																				
							4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street)	(Street)														Line)	Form	filed by One	e Ren	orting Pers	on
CAMBRIDGE MA 02141														٧		filed by Mo		•		
-																Perso		10 1110	ii one rtop	orung
(City)		(Stat	te) (Z	<u>Z</u> ip)																
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transaction						ion	Execution Date,			3. 4. Securities Acquired (A)										7. Nature of Indirect Beneficial
Date (Month/Day/						//Year)				Transaction Disposed Of (D) (Instr. 3 Code (Instr. 5)			str. 3, 4	4 and Securit Benefic				n: Direct or Indirect		
[`							(Month/Day/Year)		8) ` ′		Ĺ				Owned Following Reported				Ownership (Instr. 4)	
										Code	v	Amount	(A) o (D)	r Pric	e	Transa	ction(s) 3 and 4)			(
Common	025)25		S ⁽¹⁾		2,709	D	\$6:	50.03 4		13,464		D							
			Tal	ole II -							•	osed of,			•	Owne	d			
					(e.g., pu	its, ca	alis, v	varra	ants,	optio	ns, o	convertib	le se	curiti	es)					
1. Title of Derivative	2. Conversion		3. Transaction Date	3A. Deemed Execution Date,		4. Transaction		5. Number of		6. Date Exercisable and Expiration Date			7. Title and Amount of			Price of rivative	9. Number of derivative		10. Ownership	11. Nature of Indirect
Security	or Exercise		(Month/Day/Year)	if any		Code (Derivative		(Month			Securities		Sec	curity	Securities		Form:	Beneficial
(Instr. 3)	Price of Derivative	,		(Month	(Month/Day/Year)		8)		Securities Acquired					Underlying Derivative		str. 5)	Beneficially Owned		Direct (D) or Indirect	Ownership (Instr. 4)
	Security						(A) or			Security (Ins			ity (Inst	r.		Following		(I) (Instr. 4)	' ' '	
									Disposed of (D) (Instr. 3, 4 and 5)		3 and 4)			4)			Reported Transaction(s)		s)	
																	(Instr. 4)			
														Amoui	nt					
														or Numbe	_{er}					
					Cod		v	(A) (D)		Date Exercisable		Expiration Date	Title	of Shares						
Evalanatio	C D											1								

1. This transaction reported on this Form 4 was effected pursuant to a 10b5-1 trading plan adopted on 2/18/2025.

/s/ Joseph Theis, attorney-infact

** Signature of Reporting Person Date

05/21/2025

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.