Edgar Filing: MUSE SCOTT H - Form 4

| MUSE SCOT Form 4 February 11, 2 FORM Check this if no longe subject to Section 16. Form 4 or Form 5 obligations may contin <i>See</i> Instruc 1(b). | 4 UNITED S | IENT OF suant to Se a) of the Pr | Was CHAN ection 1 ublic Ut | Shington, GES IN SECUR 6(a) of th | D.C. 20 BENEF ITIES e Securi ding Cor |)549 ICIA ties E npan | AL OWN Exchange y Act of | OMMISSION NERSHIP OF e Act of 1934, 1935 or Sectior 0 | OMB Number: Expires: Estimated a burden hour response | • | |
|---|---|---|---|--|---|--|--|--|---|---|--|
| (Print or Type Re | esponses) | | | | | | | | | | |
| MUSE SCOTT H Symbol | | | er Name and Ticker or Trading ELL INC [HUBA, HUBB] | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| (Last) (First) (Middle) 3. | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/07/2013 | | | | | (Check all applicable) <u></u> Director <u></u> 10% Owner <u>X_</u> Officer (give title <u></u> Other (specify below) Group Vice President | | | |
| SHELTON, C | (Street) 4. If Amendment, Date Original Filed(Month/Day/Year) SHELTON, CT 06484 | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (State) | (Zip) | Tabl | e I - Non-D |) erivative | Secu | rities Acqu | uired, Disposed of, | or Beneficial | v Owned | |
| Security ((Instr. 3) | 2. Transaction Date (Month/Day/Year) | | Date, if | 3. Transactio Code (Instr. 8) Code V | (Instr. 3, | ispose | d 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) | |
| Class B Common ((\$.01 Par) | 02/07/2013 | | | А | 5,272 | A | \$ 0 <u>(1)</u> | 34,933 | D | | |
| Class B Common ((\$.01 Par) | 02/07/2013 | | | F <u>(2)</u> | 1,775 | D | \$ 93.015 | 33,158 | 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) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 3 | Date | 7. Title Amoun Under! Securi (Instr. | int of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr |
|---|---|---|---|--|---|---------------------|--------------------|--|--|---|--|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|---|---------------|-----------|----------------------------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| MUSE SCOTT H C/O HUBBELL INCORPORATED 40 WATERVIEW DRIVE SHELTON, CT 06484 | | | Group Vice President | | | | |
| Signatures | | | | | | | |
| Megan C. Preneta, Attorney-in-fact for S Muse | Scott H. | 02/11/2 | 2013 | | | | |

<u>**Signature of Reporting Person</u>

- * 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).
- (1) Settlement of performance shares granted on December 7, 2009, which vested based on the Company's total shareholder return as compared to the total shareholder return of other companies in the S&P Mid-Cap 400 Index.
- (2) Shares withheld for payment of taxes upon vesting of performance shares.

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.

Date