## Edgar Filing: Halligan Brian - Form 4

Halligan Bria	an											
Form 4	010											
August 03, 2										OMB AF	PROVAL	
FORM	14 UNITED	STATES		RITIES A				NGE C	OMMISSION	OMB Number:	3235-0287	
Check this box if no longer subject to STATEMENT OF CHANG				GES IN BENEFICIAL OWNERSHIP OF SECURITIES					Expires: January 31 2005 Estimated average burden hours per response 0.5			
Form 5 obligation may cont <i>See</i> Instru 1(b).	ns Section 17	(a) of the l		tility Ho	ldi	ing Con	ipany	Act of	e Act of 1934, 7 1935 or Section 0			
(Print or Type I	Responses)											
Halligan Brian Symbol				er Name <b>and</b> Ticker or Trading POT INC [HUBS]					5. Relationship of Reporting Person(s) to Issuer			
				f Earliest Transaction (C					(Checl	neck all applicable)		
	POT, INC., 25 F ND FLOOR	IRST	(Month/D 08/01/2	-					X Director X Officer (give below) Chief E		Owner er (specify er	
			mendment, Date Original Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person				
CAMBRID	GE, MA 02141								Form filed by M Person	ore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-	De	rivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)	) Execution any		3. Transact Code (Instr. 8)	ion	4. Securit (A) or Di (Instr. 3, Amount	spose 4 and (A) or	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)		
Common Stock	08/01/2018			F <u>(1)</u>		1,022	(D) D	\$ 128.6	709,906	D		

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Title Amou Under Securi (Instr.	nt of lying	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				
Halligan Brian C/O HUBSPOT, INC. 25 FIRST STREET, 2ND FLOOR CAMBRIDGE, MA 02141	Х		Chief Executive Officer					
Signatures								
/s/ John P. Kelleher, attorney-in-fact	08/	03/2018						
**Signature of Reporting Person		Date						
Evalenation of Deen		••						

## **Explanation of Responses:**

- \* 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) Shares withheld by Issuer to cover taxes associated with settlement of restricted stock units.

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.