## Edgar Filing: HUBBELL INC - Form 4/A

HUBBELL	INC										
Form 4/A											
August 25, 2	2014										
FORM	14						NGEG	01 <b>11 11 11 11</b>	OMB AF	OMB APPROVAL	
. •	• • UNITE	D STATES					NGE C	OMMISSION	OMB	3235-0287	
Check th	is box		wa	shington,	, <b>D.C.</b> 20	1549			Number:	January 31,	
if no long			E CILAN		DENIFE	ICIA			Expires: 200		
subject to	5		г спар	IGES IN BENEFICIAL OWNERSHI SECURITIES				EKSHIP OF	Estimated average burden hours per		
Section 1 Form 4 o											
Form 5		ursuant to	Section 1	6(a) of th	e Securi	ties F	Tychange	e Act of 1934,	response	0.5	
obligatio	ns Section 1'						•	1935 or Sectior	h		
may cont	linue.			vestment	•	· ·	•		1		
<i>See</i> Instruction 1(b).	uction	50(11)		vestment	Compu	19 7 10		0			
1(0).											
(Print or Type I	Responses)										
	Address of Reportir	ng Person <sup>*</sup>	2. Issue	r Name <b>and</b> Ticker or Trading			5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
MUSE SCC	DTT H		Symbol	ELL INC [HUBA, HUBB]							
			HUBBI								
(Last)	(First)	(Middle)	3. Date o	f Earliest Tı	ransaction			(Cheer		)	
			(Month/I	Day/Year)				Director	10%	Owner	
C/O HUBB	ELL		12/06/2	-			X_Officer (give titleOther (specify				
INCORPORATED, 40								below) Group	below) Vice Presiden	t	
WATERVI	EW DRIVE										
	(Street)		4. If Ame	endment, Da	ate Origina	ıl		6. Individual or Jo	int/Group Filin	g(Check	
			onth/Day/Year)			Applicable Line)					
12/09/2				013				_X_ Form filed by One Reporting Person Form filed by More than One Reporting			
SHELTON,	, CT 06484							Person	ore than One Re	porting	
(City)	(State)	(Zip)	<b>T</b> - 1.1	. T. NI		<b>C</b>	•.•	· . 1 D' 1. 6			
		· •					-	uired, Disposed of		•	
1.Title of	2. Transaction Date 2A. Deemed			3. 4. Securities Acquired				5. Amount of	6. Orana analain	7. Nature of	
Security (Instr. 3)	(Month/Day/Year) Execution Date, if any (Month/Day/Year)			Code (Instr. 3, 4 and 5)				Securities Beneficially	Ownership Form: Direct	Indirect Beneficial	
(Insu: 5)								Owned		Ownership	
			•					Following	Indirect (I)	(Instr. 4)	
						(A)		Reported	(Instr. 4)		
						or		Transaction(s) (Instr. 3 and 4)			
				Code V	Amount	(D)	Price	(mour o und 7)			
Class B	10/06/0012			$\mathbf{r}(1)$	0(0(1)	D	\$	22.426	D		
Common	12/06/2013			$F^{(1)}_{$	269 <u>(1)</u>	D	107.36	32,426	D		
(\$.01 Par)											

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)

## Edgar Filing: HUBBELL INC - Form 4/A

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. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna 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 Muse	Scott H.	08/25/	2014				
**Signature of Reporting Person		Da	ite				
Explanation of Responses:							

## 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).
- Number of shares disposed of revised due to recalculation of shares withheld for tax payment (from 216 to 269) upon vesting of restricted (1) stock award on December 6, 2013.

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.