AMATO GARY N Form 4/A

February 20, 2013

# FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

OMB Number: 3235-0287

Expires: January 31, 2005

**OMB APPROVAL** 

Estimated average burden hours per response... 0.5

Check this box if no longer subject to Section 16. Form 4 or

SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,

obligations may continue. See Instruction

See Instruction

Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1(b).

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(Print or Type Responses)

AMATO GARY N S			2. Issuer Name <b>and</b> Ticker or Trading Symbol HUBBELL INC [HUBA, HUBB]				5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)			
	, , ,	(N	3. Date of Earliest Transaction (Month/Day/Year) 02/07/2013				DirectorX_ Officer (give below)	10%	Owner or (specify	
SHELTON	(Street)	Fi	4. If Amendment, Date Original Filed(Month/Day/Year) 02/11/2013				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)	Table I - Non-	Derivative	Secu	rities Acqı	uired, Disposed of	, or Beneficiall	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Da any (Month/Day/	ate, if Transacti Code /Year) (Instr. 8)	4. Securion(A) or D (Instr. 3,	ispose 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)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Class B Common (\$.01 Par)	02/07/2013		A	5,786	A	\$ 0 (1)	25,552	D		
Class B Common (\$.01 Par)	02/07/2013		F(2)	2,172 (3)	D	\$ 93.015	23,380	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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Title	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	ate	Amour	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underl	ying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securit	ties	(Instr. 5)	Bene
	Derivative				Securities			(Instr. :	3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
									Amount		
						Date	Expiration		or Namel		
						Exercisable	Date		Title Number		
				C 1 W	(A) (D)				of		
				Code V	(A) (D)			,	Shares		

# **Reporting Owners**

Reporting Owner Name / Address	Relationships					
· <b>F</b> · · · <b>S</b> · · · · · · · · · · · · · · · · · · ·	Director	10% Owner	Officer	Other		
AMATO GARY N C/O HUBBELL INCORPORATED 40 WATERVIEW DRIVE SHELTON, CT 06484			Group Vice President			

# **Signatures**

Megan C. Preneta, Attorney-in-fact for Gary N.
Amato
02/20/2013

\*\*Signature of Reporting Person Date

### **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) 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.
- (3) Number of shares disposed of revised due to recalculation of shares withheld for tax payment (from 2,133 to 2,172 shares) upon payout of Performance Share Award on February 7, 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.

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