## Edgar Filing: Guzzi Anthony - Form 4

Guzzi Anth Form 4 May 18, 20	•											
FORN Check t	<b>14</b> UNITED	STATES		RITIES An ashington			GE COMMIS	SION	OMB Number:	PPROVA. 3235- Januai	-0287	
if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). STATEMENT OF CHANGES IN BENEFICIAL OWNERSHI SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1 Section 17(a) of the Public Utility Holding Company Act of 1935 or 30(h) of the Investment Company Act of 1940								934,	Expires: Estimated burden hou response	0.5		
(Print or Type	Responses)											
1. Name and Address of Reporting Person *2. IsGuzzi AnthonySymb				er Name <b>an</b>	Trading	5. Relation Issuer	5. Relationship of Reporting Person(s) to Issuer					
			HUBBELL INC [HUBA, HUBB]				(Check all applicable)					
(Last) (First) (Middle) 85 QUARTER HORSE LANE			3. Date of Earliest Transaction (Month/Day/Year) 05/15/2010			X_ Director 10% Owner Officer (give title Other (specify below) below)						
Filed(M				Amendment, Date Original Month/Day/Year)			Applicable I _X_ Form fi	<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>				
	D, CT 06824						Person	•		1 0		
(City)	(State)	(Zip)					es Acquired, Disp			lly Owned	d	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deeme Execution any (Month/Da	Date, if	3. Transactic Code (Instr. 8)	4. Securit onAcquired Disposed (Instr. 3, 4	(A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s . (Instr. 3 and 4	Fc (E (I) (I)	Ownership orm: Direct )) or Indirect ) nstr. 4)	7. Nature Indirect Beneficia Ownersh (Instr. 4)	al ip	
				Code V	Amount	(D) Pr	ice (instr. 5 and 4	)				
Reminder: Re	port on a separate line	e for each cl	ass of sec	urities bene	Perso	ons who	tly or indirectly. respond to the ontained in this			SEC 1474 (9-02)		

required to respond to the conection of SEC 1 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)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	Derivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Acquired (A) or		

	Derivative Security				Disposed or (Instr. 3, 4, 5)					
			Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amoun Numbe Shares
Directors Deferred Compensation Stock Unit (1)	\$ 90.69 (2)	05/15/2010	А		165.399 (1)		<u>(3)</u>	<u>(3)</u>	Class A and Class B Common Stock	165.3 (1)

## **Reporting Owners**

Reporting Owner Name / Address	Relationships								
	Director	10% Owner	Officer	Other					
Guzzi Anthony 85 QUARTER HORSE LANE FAIRFIELD, CT 06824	Х								
Signatures									

Richard W. Davies, Attorney-in-fact for Anthony J. Guzzi

\*\*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).

05/18/2010

(1) Equal number of share of Class A and Class B Common Stock credited as units under Hubbell's Deferred Compensation Plan.

(2) Unit price consisting of the closing price of one share each of Class A and Class B Common Stock.

(3) Deferred Units are payable commencing on the January 1 following the reporting person's retirement or separation from the Board

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.