FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPRO | VAL | | | | | |
|---|------------------------|-----------|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | |
| l | Estimated average burd | en | | | | | |
| l | hours per response: | 0.5 | | | | | |

| | Check this box if no longer subject to |
|---|--|
| | Section 16. Form 4 or Form 5 |
| J | obligations may continue. See |
| | Instruction 1(b). |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* KRAVAS CHRISTOPHER R | | | | | | | 2. Issuer Name and Ticker or Trading Symbol HUB GROUP INC [HUBG] | | | | | | | | | | | p of Reportin blicable) ctor | • | | ssuer Owner |
|--|---|--------------------|--|-------------------------|---------|---|---|--|--------|---|-------------|---------------------|---|----------------------------|-----------------------|----------------------------|---|---|---|-------------|--|
| (Last) (First) (Middle) 2000 CLEARWATER DRIVE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/20/2015 | | | | | | | | | | | belov | cer (give title Other (s w) below) Chief Marketing Officer | | | |
| (Street) OAK BROOK IL 60523 (City) (State) (Zip) | | | | | - 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | Indiv ne) X | vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | | Table I - | Non-Deriv | /ative | Se | curit | ies Ac | qu | ired, | Dis | posed o | f, or | Ben | efici | ally | Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | ar) i | 2A. Deemed Execution Date, if any (Month/Day/Year) | | , | 3. Transaction Dis Code (Instr. 8) | | Disposed | Securities Acquired (A) posed Of (D) (Instr. 3, | | | 4 and Sec Ben Owr | | cially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | Code | v | Amount | (| A) or D) | Price | | Repor Transa (Instr. | action(s) 3 and 4) | | | (Instr. 4) | | | |
| Class A Common Stock 04/20/2 | | | | | | | 2015 | | | F | | 42(1) | | D \$3 | | .91 106,670 ⁽²⁾ | | 6,670 ⁽²⁾ | D | | |
| | | | Table I | I - Derivat (e.g., p | | | | | | | | sed of, onvertib | | | | y Ov | vned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercipation Price of Derivative Security | Date (Month/Day | 3. Transaction Date (Month/Day/Year) (Month/Day/Year) | | | 4. Transaction Code (Instr. 8) | | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Exercisable Date | | | Amount of Securities Underlying Derivative Security (Instr. and 4) | | | nt er | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owne Form: Direct or Ind (I) (Ins | (D) rect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |

Explanation of Responses:

- 1. Disposition of shares to satisfy withholding tax obligations with respect to 133 shares on which restrictions lapsed as of 04/20/2015.
- $2.\ 36{,}599\ of\ the\ shares\ of\ Class\ A\ Common\ Stock\ are\ restricted\ stock\ subject\ to\ vesting\ requirements.$

Remarks:

/s/ Christopher R. Kravas

04/22/2015

** Signature of Reporting Person

Data

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

- * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.