FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, [| D.C. | 20549 |
|---------------|------|-------|
|---------------|------|-------|

| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
|--|
| |

| OMB APPRO | OVAL | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response: | 0.5 | | | | | | | |

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

| Name and Address of Reporting Person* MALTBY DONALD | | | | | | 2. Issuer Name and Ticker or Trading Symbol HUB GROUP INC [HUBG] | | | | | | | | | Check | tionship of Reporting all applicable) Director Officer (give title | | ig Per | g Person(s) to Issuer 10% Owner Other (spec | |
|---|--|--|-----------------|-----------------------|---|--|------|--------------------------------------|------------------------------------|----------|--|--|-----------------|------------------------|----------------------|--|--|--|---|--|
| (Last) 2000 CLI | (Fi EARWATE | , | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/02/2015 | | | | | | | | | X | below) below) Chief Strategy Officer | | | | |
| (Street) OAK BR (City) | | | 50523 Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | . Indiv ine) X | ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) | | | Date | e onth/Day/Year) i | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Disposed Code (Instr. 5) | | Disposed | ties Acquired (A) o d Of (D) (Instr. 3, 4 a | | | nd Securiti Benefic | | ities icially d Following | Form (D) o | wnership n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (| (A) or (D) | Price | | Transaction(s) (Instr. 3 and 4) | | | | (1130.4) |
| Class A Common Stock | | | | 01/02 | 2/2015 | | | | F | | 3,541(1 | 1) | D | \$37.31 | | 81,652(2) | | | D | |
| Class A Common Stock | | | | | | | | | | | | | | | | 2,008.751 | | | I | By 401(k) Plan |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Execution Date, | | 4. Transaction Code (Instr. 8) | | ı of | | 6. Date E Expiratio (Month/D | n Dat | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | str. 3 | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | F D O (I | LO. Dwnership Form: Direct (D) or Indirect I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | or Nur of | ount nber ires | | | | | | |

Explanation of Responses:

- 1. Disposition of shares to satisfy withholding tax obligations with respect to 10,532 shares on which restrictions lapsed as of 1/2/2015.
- 2. 24,365 of the shares of Class A Common Stock are restricted stock subject to vesting requirements.

Remarks:

/s/ Donald Maltby

01/06/2015

** Signature of Reporting Person

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.