FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF

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

SECURITIES

Name and Address of Reporting Person* Dykstra Lisa			2. Date of Event Requiring Statement (Month/Day/Year) 05/24/2022 3. Issuer Name and Ticker or Trading Symbol Hub Group, Inc. [HUBG]									
(Last) 2001 HUB (Street) OAK BROOK (City)	(First) GROUP WA IL (State)	(Middle) Y 60523 (Zip)			Officer (give		10% C	Person(s) to 10% Owner Other (specify below)		5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person		
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)						ount of Securities cially Owned (Instr.	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Class A Common Stock						0	D					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
Exp			Expiration Da	. Date Exercisable and expiration Date Month/Day/Year)		3. Title and Amount of Sec Underlying Derivative Sec (Instr. 4)				5. Ownership Form:	Ownership (Instr.	
			Date Exercisable	Expiration Date	ı Title	•	Amount or Number of Shares	Derivat Securit	ive	Direct (D) or Indirect (I) (Instr. 5)	5)	

Explanation of Responses:

Robert P Sieland,

Attorney-in-Fact for Lisa 05/25/2022

Dykstra

** Signature of Reporting Date

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 5 (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.