FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL

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## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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 Add	•	2. Date of Event Requiring Staten (Month/Day/Yea	ment	3. Issuer Name and Ticker or Trading Symbol  Hub Group, Inc. [ HUBG ]						
(Street) OAK BROOK (City)		(Middle)	03/15/2017	ĺ		ionship of Reporting Pers all applicable) Director Officer (give title below) EVP, Sales	10% Owne Other (spe below)	er 6.	Individual or Joir plicable Line)  X Form filed b Person	oate of Original Filed  ht/Group Filing (Check  y One Reporting  y More than One  lerson
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)						ally Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)	
Class A Common Stock						20,418	D			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
1. Title of Derivative Security (Instr. 4)  2. Date Exercisable a Expiration Date (Month/Day/Year)			ite	3. Title and Amount of Secu Underlying Derivative Secu 4)			4. Conversion	Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
		Date Exercisable	Expiration Date	n Title		Amount or Number of Shares	Exercise Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)		

Explanation of Responses:

Steven E. Rand

03/21/2017

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.