FORM 3

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

Washington, D.C. 20549

## **OMB APPROVAL** 3235-OMB Number: 0104 Estimated average burden hours per response: 0.5

## 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 3. Issuer Name and Ticker or Trading Symbol 2. Date of Event 1. Name and Address of Reporting Person\* Requiring Statement Hub Group, Inc. [ HUBG ] LaFrance Thomas P. (Month/Day/Year) 08/23/2021 4. Relationship of Reporting Person(s) to 5. If Amendment, Date of Original (Last) (First) (Middle) Issuer Filed (Month/Day/Year) (Check all applicable) 2000 CLEARWATER DRIVE 10% Owner 6. Individual or Joint/Group Filing Officer (give Other (specify (Check Applicable Line) title below) below) (Street) Form filed by One Reporting Person EVP, General Counsel, Secretary **OAK** 60523 ILForm filed by More than One **BROOK** Reporting Person

(City)	(State)	(Zip)									
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of S	ecurity (Instr. 4	)		2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)					
Class A C	ommon Stock			0	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 and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise	Form:	6. Nature of Indirect Beneficial Ownership (Instr.
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Direct (D) or Indirect (Security (I) (Instr. 5)	5)	

**Explanation of Responses:** 

/s/ Thomas P. LaFrance 09/02/2021

\*\* 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.