## Edgar Filing: HUB GROUP INC - Form 4

HUB GROU	<b>IP INC</b>											
Form 4												
October 31,	2005											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB AF	OMB APPROVAL		
<b>CURIVI 4</b> UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB	0005 0007		
			Wa	shington,	D.C. 20	549			Number:	3235-0287		
Check this box if no longer									Expires:	January 31,		
subject to		EMENT O	F CHAN	GES IN BENEFICIAL OWNERS				NERSHIP OF	Estimated a	2005		
	Section 16.				SECURITIES					burden hours per		
Form 4 o	or								response 0.			
Form 5	-						-	e Act of 1934,				
obligatio may cont		7(a) of the	Public U	tility Hold	ding Con	npan	y Act of	1935 or Section	n			
See Instr		30(h)	) of the In	vestment	Compan	y Ac	t of 194	0				
1(b).												
(Print or Type I	Responses)											
				er Name <b>and</b> Ticker or Trading			5. Relationship of Reporting Person(s) to					
ZEILSTRA	DAVIDC		Symbol				Issuer					
			HUB G	ROUP INC [HUBG]				(Check all applicable)				
(Last)	(First)	(Middle)	3. Date of	f Earliest Tı	ransaction			(ence	it un applicable	)		
			(Month/I	onth/Day/Year)			Director 10% Owner					
3050 HIGHLAND 10/29/2			29/2005			_X_ Officer (give title Other (specify below)						
PARKWAY, SUITE 100						VP, General Counsel, Secretary						
	(Street)		4 If Ame	and the set of the set								
			nendment, Date Original fonth/Day/Year)				6. Individual or Joint/Group Filing(Check					
F1led(Mor							Applicable Line) _X_ Form filed by One Reporting Person					
							lore than One Reporting					
DOWINER		00010						Person				
(City)	(State)	(Zip)	Tab	le I - Non-E	Derivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction D	Date 2A. Dee	emed	3.	4. Securi	ties A	cauired	5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Yea		on Date, if	Transaction(A) or Disposed of (D)			Securities	Form: Direct				
(Instr. 3) any			Code (Instr. 3, 4 and 5)				Beneficially	(D) or Indirect (I)	Beneficial			
(Month/Day/Year)							Owned	Ownership				
								Following Reported	(Instr. 4)	(Instr. 4)		
						(A)		Transaction(s)				
				Code V	Amount	or	Drigg	(Instr. 3 and 4)				
Class A				Code V	Amount	(D)	Price					
Common	10/29/2005			F	2,518	D	\$	21,602 (2)	D			
	10/29/2003			1.	(1)	D	34.93	21,002 (-)	D			
Stock												

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	3	Date	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
ZEILSTRA DAVID C 3050 HIGHLAND PARKWAY SUITE 100 DOWNERS GROVE, IL 60515			VP, General Counsel, Secretary					
Signatures								
/s/ David C. Zeilstra	1/2005							

<u>\*\*</u>Signature of Reporting Person Date

## **Explanation of Responses:**

- \* 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).
- (1) Disposition of shares to satisfy withholding tax obligations with respect to 7,933 shares on which restrictions lapsed as of 10-29-2005.
- (2) 10,829 of the shares of Class A Common Stock are restricted stock subject to vesting requirements.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.