Instruction 1(b).

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FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.C. 20549

OMB APPROVAL

| OMB Number: | 3235-0287 | | | | | |
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| 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

| 1. Name and Address of Reporting Person [*] Dubin Cynthia S | | | | 2. Issuer Name and Ticker or Trading Symbol HURCO COMPANIES INC [HURC] | | | | | | | elationshi eck all app X Direc | licable) | ng Person(s) to 10% (| | |
|---|------------|-------|----------------|---|--|---|---------------------------------|------------------------------|-----------------------|------------------------------|--------------------------------------|---|--|---|--|
| (Last) ONE TE | (Firs | , | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 03/12/2020 | | | | | | | Office below | er (give title v) | Other below | (specify) |
| (Street) INDIAN (City) | JAPOLIS IN | | 46268 (Zip) | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | Line | e) X Form Form | lividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| | | Table | e I - Non | -Derivat | tive Se | curities Acqu | uired, | Disp | osed of, | or Ber | eficia | lly Own | ed | | |
| Date | | | 2. Transact | Execution Date, | | 3. Transaction Code (Instr. 8) | | 4. Securities Disposed Of | | 5. Amo | | 6. Ownership | 7. Nature | | |
| | | | | (Month/Day | y/Year) 📗 | if any | Code (| | 5) | (D) (IIISt | r. 3, 4 an | Benefi Owned | cially Following | Form: Direct (D) or Indirect (I) (Instr. 4) | of Indirect Beneficial Ownership |
| | | | | | y/Year) 📗 | if any | Code (| | | (A) or (D) | r. 3, 4 and Price | Benefit Owned Report Transa | cially Following | (D) or Indirect | Beneficial |
| Common | ı Stock | | | | y/Year) | if any | Code (8) | Instr. | 5) | (A) or | | Benefic Owned Report Transa (Instr. 3 | cially Following ed ction(s) | (D) or Indirect | Beneficial Ownership |
| Common | ı Stock | Ta | ble II - C | (Month/Day 03/12/2 Derivativ | y/Year) 2020 /e Sec | if any | Code (8) Code A red, D | v v vispo | 5) Amount 2,540 | (A) or (D) A r Bene | Price \$0 | Benefic Owned Report Transa (Instr. 3 | cially I Following ed ction(s) 3 and 4) .,018 | (D) or Indirect (I) (Instr. 4) | Beneficial Ownership |

| 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. Transaction Code (Instr. 8) | | of | | 6. Date Exerc Expiration Da (Month/Day/Y | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
|---|---|--|---|---|---|-----|-----|--|---|-------|---|--|--|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | |

Explanation of Responses:

<u>/s/Sonja K. McClelland</u>

Attorney-in-fact for Cynthia S. 03/13/2020

<u>Dubin</u>

** Signature of Reporting Person 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 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.