FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| | | |

| Check this box if no longer subject to |
|--|
| Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Instruction 1(b). |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|
| OMB Number: 3235-028 | | | | | | | | |
| Estimated average burden | | | | | | | | |
| 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* Wege D Michael | | | | | 2. Issuer Name and Ticker or Trading Symbol HERSHEY CO [HSY] | | | | | | | | (Checl | k all applic Directo | or | | 10% Ow | ner | | |
|--|--|--|--|----------|---|---|--------|--------------|--|-------|--------------------|-----------------|-----------------------------------|--|---|--------|-------------------------------------|--|--|--|
| (Last) 100 CRY | (F STAL A D | , | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/19/2013 | | | | | | | | X | X Officer (give title below) Other (specify below) SVP, Chief Commercial Officer | | | | | |
| (Street) HERSHI | EY PA | A | 17033 | | 4.1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indi Line) X | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (S | | (Zip) | | | 1. 51351. | | | | | | | | | | | | | | |
| Table I - Non-Deriv. 1. Title of Security (Instr. 3) 2. Transa Date (Month/L | | | | saction | action 2A. Deemed Execution Date, | | | 3. Transa | Transaction Disposed Of (D) (Instr. 3, Code (Instr. 5) | | | ed (A) o | or | 5. Amou Securitie Beneficia Owned F | nt of es ally Following | Form: | Direct C Indirect E str. 4) C | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | mount (A) or Pr | | e | Reported Transaction(s) (Instr. 3 and 4) | | | | | |
| Common Stock | | | 02/1 | /19/2013 | | | | A | | 7,588 | В А | | \$ <mark>0</mark> | 38,060 | | D | | | | |
| Common Stock | | | 02/1 | 9/2013 | | | | F | | 2,387 | 7 D | \$8 | \$81.73 35 | | ,673 | | D | | | |
| Common Stock | | | | | | | | | | | | | | 813.826 | | | | 401(k) Plan | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution I if any (Month/Day | Date, | ate, Transacti Code (Ins | | | | 6. Date Exercisa Expiration Date (Month/Day/Yea | | of Securities | | ties ng e Securi | Derivati Security | | | e O's Fo | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | e V | (A) | (D) | Date Exercisal | | Expiration Date | Title | Amou or Numb of Share | er | | | | | | |
| Non- qualified Stock Option (Right to | \$81.73 | 02/19/2013 | | | A | | 22,130 | | (1) | 0 | 2/18/2023 | Common Stock | 22,13 | 30 | \$81.73 | 22,130 |) | D | | |

Explanation of Responses:

1. Options vest according to the following schedule: 25% vest on the first anniversary of the grant date, an additional 25% vest on the second anniversary of the grant date, an additional 25% vest on the third anniversary of the grant date, and the options become fully vested on the fourth anniversary of the grant date.

> Steven J. Holsinger, Attorneyin-Fact for D. Michael Wege

02/21/2013

** 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.