SEC Form 4	
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL

OMB Number:	3235-0287
Estimated average burd	en
hours per response:	0.5

1. Name and Address of Reporting Person [*] Wege D Michael			2. Issuer Name and Ticker or Trading Symbol <u>HERSHEY CO</u> [HSY]	(Check	tionship of Reporting Persol all applicable) Director Officer (give title	n(s) to Issuer 10% Owner Other (specify
(Last) 100 CRYSTAL	(First) A DRIVE	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 06/15/2017		below) SVP, Chief Admin	below)
(Street) HERSHEY (City)	PA (State)	17033 (Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line) X	Check Applicable ing Person Dne Reporting	

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code (8)					5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
			Code V		Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common Stock	06/15/2017		S ⁽¹⁾		100	D	\$114.04	27,966	D	
Common Stock	06/15/2017		М		1,000	A	\$34.89	28,966	D	
Common Stock	06/15/2017		S ⁽¹⁾		1,000	D	\$114.04	27,966	D	
Common Stock								884.3062 ⁽²⁾	Ι	401(k) Plan

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. Transa Code (8)		of Deri Sec Acq (A) (Disp of (I	oosed D) tr. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)		Amount of securities		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				
Non- qualified Stock Option (Right to Buy)	\$ 34.89	06/15/2017		М			1,000	(3)	02/16/2019	Common Stock	1,000	\$0	4,000	D	

Explanation of Responses:

1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on November 22, 2016.

2. The total amount of securities reported as indirectly owned by the reporting person represents a reduction of .0306 shares allocated to the reporting person's account in the Company's 401(k) Plan ("Plan") as of May 31, 2017. To manage liquidity needs of the Plan, the Plan trustee from time-to-time maintains a lower overall share balance (versus cash) in the Plan, which in this instance resulted in a reduction in the number of shares allocated to the reporting person's account when compared to the reporting person's Form 4 filed on June 2, 2017. The information is based on a report dated June 1, 2017, provided by the Plan trustee.

3. The options vested according to the following schedule: 25% vested on February 17, 2010, 25% vested on February 17, 2011, 25% vested on February 17, 2012 and 25% vested on February 17, 2013.

06/16/2017
<u>0</u> €

Date

** Signature of Reporting Person

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.