FORM 4

to Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

Washington, I	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
hours per response:	0.5							

							` '										
Name and Address of Reporting Person* McCalman Jennifer				2. Issuer Name and Ticker or Trading Symbol HERSHEY CO [HSY]								heck all	applicable)	Reporting Person(s) to Issuer ole)			
												_	irector		Owner		
											-		officer (give title elow)	Oth belo	er (specify		
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 03/05/2021									,		,	
19 EAST CHOCOLATE AVENUE			03/03/2021							VP, Chief Accounting Officer							
15 Enot Grocolline IIV ENOE											_						
(Street)					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)				
HERSHI	EY PA	. 1	7033										X F	Form filed by One Reporting Person			
													F	orm filed by Mo	re than One F	Reporting	
(City)	(St	ate) (Z	Zip)										F	erson			
		Table	I - Non	า-Deriva	tive S	Secur	ities Acc	uired	, Dis	posed of,	or Be	nefici	ally O	wned			
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day																	
1. Title of	Security (Ins	tr. 3)	[Date		if any	eemed tion Date, h/Day/Year)	3. Transa Code (8)		4. Securities Disposed Of 5)			d Se Be	Amount of curities neficially yned Following	6. Ownershi Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership	
1. Title of	Security (Ins	tr. 3)	[Date		Execu if any	tion Date,	Transa Code (Disposed Of			d Se Be Ov Re Tr	curities neficially	Form: Direct (D) or Indire	of Indirect t Beneficial	
1. Title of S		tr. 3)	[Date	//Year)	Execu if any	tion Date,	Transa Code (8)	Instr.	Disposed Of 5)	(A) or	r. 3, 4 an	d Se Be Ov Re Tr (Ir	curities neficially vned Following ported ansaction(s)	Form: Direct (D) or Indire	of Indirect Beneficial Ownership	
		,	ole II - I	Date (Month/Day 03/05/2	021 ve Se	Execu if any (Mont	ies Acqu	Transa Code (8) Code	v Disp	Disposed Of 5) Amount	(A) or (D)	Price \$150.	d Se Be On Re Tr (Ir	curities neficially whed Following ported ansaction(s) str. 3 and 4) 2,263	Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership	

Explanation of Responses:

/s/ Jennifer McCalman

Title

Expiration Date

Date Exercisable

Security (Instr. 3 and 4)

Amount or Number

Shares

03/09/2021

** Signature of Reporting Person

Following Reported

Transaction(s) (Instr. 4)

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).

Code

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.

(A) or Disposed

of (D) (Instr. 3, 4 and 5)

(A) (D)