UNITED STATES SECURITIES AND Washington, D.C. 20549	EXCHANGE COMMISS	SION									
FORM 4 STATEMENT OF CHANGES IN BENE	FICIAL OWNERSHIP										
[] Check this box if no lobligations may continue 1. Name and Address of Report Hillier, J. Robert 100 Crystal A Drive	·.	Section 16.	Form	4 or	Form	5					
Hershey, Pennsylvania 17 2. Issuer Name and Ticker on Hershey Foods Corporation 3. I.R.S. Identification Num	Trading Symbol (HSY)	Person, if a	an ent	tity	(Volur	ntary)					
 4. Statement for Month/Day/\(\) 12/17/02 5. If Amendment, Date of Ori 6. Relationship of Reporting [X] Director [] Officer (give title b) 	ginal (Month/Day/ Person(s) to Iss [] 10% Own	uer (Check a er		oplica	able)						
 Individual or Joint/Group [X] Form filed by One Rep [] Form filed by More the content of the con	orting Person		ne)								
Table I Non-Derivative Sec	• • •	•				•					
1)Title of Security		2)Trans- action Date (Month/ Day/Year)	3.Tı	rans- ion e	4.Sec	curities Acqui isposed of (D) A or		uired(A) D)	5)Amount of Securities Beneficially Owned at End of Month	D	7)Nature of Indirect Beneficial Ownership
Common Stock Common Stock Common Stock		01/01/02 04/01/02 07/01/02	A A A	V V V	147.2 145.2 158.1	2220	A A A		1,872.0240	D	Direct Direct Direct
Table II (PART 1) Derivative Owned (Columns 1 through 6)	e Securities Acqui	red, Dispos	ed of,	or I	Benefi	cially					
1)Title of Derivative Security	2)Conversion or Exercise Price of Derivative			4)Trans- action Code		5)Number of Derivative Securities Acquired (A) or Disposed of (D)		6)Date Exercisable and Expiration Date			
	Security			Code	V	Α		D	Exerc	cisab	le Expiration

Table II (PART 2) Derivative Securities Acquired, Disposed of, or Beneficially Owned (Columns 1,3 and 7 through 11)

Title

1)Title of Derivative Security

3)Trans- 7)Title and Amount action of Underlying Date Securities

Amount or Number of Shares

8)Price 9)Number of 10) 11)Nature of of Deri-Derivative Indirect vative Securities D Beneficial Security

Beneficially or Ownership
Owned at I
End of Month

Explanation of Responses:

SIGNATURE OF REPORTING PERSON /S/ Hillier, J. Robert DATE 12/16/02