FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

**OMB APPROVAL** 3235-0287 Estimated average burden

0.5

hours per response:

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-

## 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

1(c). S	ee Instruction 1	0.																			
1. Name and Address of Reporting Person*  CRAWFORD VICTOR L.						2. Issuer Name <b>and</b> Ticker or Trading Symbol HERSHEY CO [ HSY ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
CKAWFORD VICTOR L.						ւ - յ									<b>√</b> D	irect	or		10% O	wner	
(Last)	(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 10/01/2024									Officer (give title below)				Other (sbelow)	specify	
19 EAST CHOCOLATE AVENUE																					
	4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable										
(Street)														Lir	ne)						
HERSHEY PA 17033			7033											Form filed by One Reporting Person							
	,															orm i		re tha	n One Rep	orting	
(City)	(St	ate) (Z	Zip)																		
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day						Execution Date,			3. 4. Securities Acquired Disposed Of (D) (Instr. 8)				nd Se	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
									<del>                                     </del>			(A) or .			Report					(Instr. 4)	
		Code	V	Amount	(A) or (D)				Price	(In:	(Instr. 3 and 4)										
Common Stock 10/01/2						1/2024					221.481		A	\$(	\$0 4		4,351.389		<b>D</b> <sup>(1)</sup>		
		Tal									osed of,					ned	l	,			
			(	(e.g., pu	its, ca	alls, v	warra	ints,	optio	ns, c	onvertib	le s	ecur	ities	)						
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date Execu- ecurity or Exercise (Month/Day/Year) if any			ion Date, Trans		saction of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		rative rities ired r osed )	6. Date Expirat (Month	ion Da		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		f g	8. Price Derivat Securit (Instr. 5	ve /	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	S F	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code		(A)	(D)	Date Exercis	able	Expiration Date	Title	or Nur of	ount mber ares							

## **Explanation of Responses:**

1. The total amount of securities reported as directly owned in Column 5 includes 27.985 shares acquired on September 16, 2024, pursuant to a dividend reinvestment feature of the Company's Directors' Compensation Plan, the provisions of which are substantially similar to the dividend reinvestment features of the broad-based dividend reinvestment plan available generally to Company stockholders.

for Victor L. Crawford

10/02/2024

\*\* 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.