| 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 | , |
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| Section 16. Form 4 or Form 5 | |
| obligations may continue. See | |
| Instruction 1(b). | |

1. Name and Address of Reporting Person*

Arway Pamela M

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) or Section 30(h) of the Ir

| OWR APPRO | JVAL |
|-----------------------|-----------|
| OMB Number: | 3235-0287 |
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| hours per response: | 0.5 |

| or Section 30(h) of the Investment Company Act of 1934 | | <u> </u> |] | | | |
|---|---|---------------------|--------------------------|--|--|--|
| 2. Issuer Name and Ticker or Trading Symbol HERSHEY CO [HSY] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| [] | X | Director | 10% Owner | | | |
| 3. Date of Earliest Transaction (Month/Day/Year) | 1 | Officer (give title | Other (specify below) | | | |

| (Last) 100 CRYSTAI | (First) L A DRIVE | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 01/01/2012 | Officer (give title Other (specify below) below) | | | | | | | |
|-------------------------------|--|----------------|--|---|--|--|--|--|--|--|--|
| (Street) HERSHEY (City) | PA (State) | 17033 (Zip) | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | |

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) | | | | | | Securities | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|---|------|---|----------------------------|---|-------------------|------------------------------------|---|---|
| | | | Code | v | Amount (A) or (D) Price | | | Transaction(s) (Instr. 3 and 4) | | |
| Common Stock | 01/01/2012 | | Α | | 485.437 | Α | \$ <mark>0</mark> | 4,679.762 ⁽¹⁾ | D | |

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. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | Expiration Date (Month/Day/Year) | | and 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 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 | | | | | | |

Explanation of Responses:

1. The total amount of securities reported as directly owned in Column 5 includes 12.758 shares acquired on December 15, 2011, 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.

| Steven J. Holsinger, Attorney- | 01/02/2012 |
|--------------------------------|------------|
| in-Fact for Pamela M. Arway | 01/03/2012 |

** 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.