FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| | | 00540 |
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| Vashington, | 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

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

| Name and Address of Reporting Person* Perez Juan R. | | | | | 2. Issuer Name and Ticker or Trading Symbol HERSHEY CO [HSY] | | | | | | | | | ck all app | tor | ng Per | 10% Ov | ner | |
|---|--|--|---------|---------------------------------|---|--|--------|---|---|--|------------------------------------|---|--|-------------------------------|--|-----------------|---|--|---------------------------------------|
| (Last) | (Fir | st) (N | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 07/01/2024 | | | | | | | | | Office below | er (give title /) | | Other (s below) | pecify | |
| 19 EAST CHOCOLATE AVENUE | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) | | | | | | | | | | | | v | Form filed by One Reporting Person Form filed by More than One Reporting | | | | | | |
| HERSHI | EY PA | . 1 | 7033 | | | | | | | | | | | | Form Perso | | re than One Rep | | orting |
| (City) | (St | ate) (Z | Zip) | | Rul | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | |
| | | | | | | | | | | | action was m ons of Rule 10 | | | | | uction or writt | en plar | n that is inter | ided to |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or E | 3ene | ficial | ly Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D. | | | | Execu ay/Year) if any | | Deemed tution Date, y hth/Day/Year) | | | | es Acquired (A) Of (D) (Instr. 3, 4 | | | Benefic Owned | ies cially Following | Form (D) or | r Indirect | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code | v | Amount | (A) (D) | or F | Price | Report Transa (Instr. 3 | action(s) 3 and 4) | | | (Instr. 4) | |
| Common Stock 07/01 | | | | 07/01/2 | 2024 | | | A | | 231.582 | A | A | \$0 5,: | | 548.025 | | D ⁽¹⁾ | | |
| | 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) | if any | emed ion Date, /Day/Year) | 4. Transaction Code (Instr. 8) 5. Numb of Derivativ Securitic Acquirer (A) or Dispose of (D) (Instr. 3, and 5) | | | rative rities rired r osed) | Expiration Date Ar (Month/Day/Year) Se Un Do Se | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | str. | . Price of erivative ecurity nstr. 5) | | y | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | | | Date Exercis | able | Expiration Date | or Numb on of Title Share | | . | | | | | | |

Explanation of Responses:

1. The total amount of securities reported as directly owned in Column 5 includes 6.110 shares acquired on June 15, 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.

> /s/ Kathleen S. Purcell, Agent for Juan R. Perez

07/02/2024

** 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.