FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 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).

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

| | | | | | 01 0 | Occin | 011 30(11) | OI LIIC | IIIVCStilli | ont Co | inpuny Act | 01 13- | +0 | | | | | | | |
|---|---|--|--|---------|--|---|------------|--------------------------------------|------------------------------|---|--------------------------------------|---|----------------|---|---|---|---|---|--|--|
| 1. Name and Address of Reporting Person* Stone West Mary E | | | | | | 2. Issuer Name and Ticker or Trading Symbol HERSHEY CO [HSY] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| Stone v | <u>vest Mar</u> y | <u>7 E</u> | | | 1 | | <u> </u> | <u> </u> | [110 1 | | | | | | Director 10% Owner | | | | | |
| (Last) | (Fi | rst) (| Middle) | | | Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | X | Officer (give title below) | | belo | , | |
| 100 CRYSTAL A DRIVE | | | | 00/ | 06/01/2018 | | | | | | | | | | 5 | VP, Chief C | Growth Offic | er | | |
| (Street) | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| HERSHE | Y PA 1 | | 17033 | | | | | | | | | | | | X | Forn | rm filed by One Reporting Person | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | Form filed by More than On Person | | | | | | re than One Re | eporting | | |
| | | Tabl | e I - Noi | n-Deriv | ative | Se | curitie | s Ac | quirec | l, Dis | posed o | f, or | Ben | efici | ally | Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | ar) I | Executio if any | Deemed ecution Date, ny onth/Day/Year) | | Transaction Disposed Code (Instr. 5) | | ities Acquired (A) d Of (D) (Instr. 3, 4 | | | 4 and Se Be | | ount of ities icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | v | Amount | | (A) or (D) | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | (111511.4) | | |
| Common | nmon Stock 06/01/2 | | | /2018 | 2018 | | F | | 4,785 | 5 | D | \$90 | .01 | 4 | 0,787 | D | | | | |
| | | Та | | | | | | | , | | osed of, onvertib | | | | y Ov | vned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/Da | Date, | 4. Transa Code (8) | | | | 6. Date Expirat (Month | ion Da | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | ı | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | C | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | or Nu of | nount mber ares | | | | | | |

Explanation of Responses:

/s/ Mary Beth West

06/04/2018

** 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.