FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	D.C.	20549	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
OMB Number: 3235-0287							
Estimated average burden							
hours per response.	0.5						

monuc	ction 1(b).			iled pursua or Se		30(h) of the Ír	nvestmer	nt Cor	npany Act of 1							
Name and Address of Reporting Person*     Katzman James C					2. Issuer Name <b>and</b> Ticker or Trading Symbol HERSHEY CO [ HSY ]							neck all app	licable)	ng Person(s) to	Issuer Owner	
		<del></del>										X Direc	101			
(Last) 19 E. CH	(Last) (First) (Middle) 19 E. CHOCOLATE AVENUE				3. Date of Earliest Transaction (Month/Day/Year) 04/01/2020							Office below	er (give title v)	Other below	(specify )	
				4. If A	Amendi	ment. Date o	f Origina	al Filed	I (Month/Day/	Year)	6. 1	ndividual o	r Joint/Grou	ıp Filing (Check	Applicable	
(Street)						,	Ü		` ,	,	Lin	e)				
HERSH	EY PA	. 1	7033									X Form	filed by On	ed by One Reporting Person		
			7000	_								Form Perso		ore than One Re	porting	
(City)	(St	ate) (2	Zip)													
		Table	I - Non-De	ivative S	Secur	rities Acq	uired,	Dis	oosed of,	or Ben	eficia	ally Own	ed			
1. Title of	Security (Ins		2. Tra Date	rivative S	2A. D Exec if any	Deemed oution Date,	3. Transa Code (1 8)	ction	4. Securities Disposed Of 5)	Acquired	l (A) or	5. Amo Securit Benefic	ount of ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
1. Title of	Security (Ins		2. Tra Date	nsaction	2A. D Exec if any	Deemed oution Date,	3. Transa Code (i	ction	4. Securities Disposed Of	Acquired	l (A) or	5. Amo Securit Benefit Owned Report Transa	ount of ties cially I Following	Form: Direct (D) or Indirect	of Indirect Beneficial	
1. Title of a			2. Tra Date (Mon	nsaction	2A. D Exec if any	Deemed oution Date,	3. Transa Code (I 8)	ction Instr.	4. Securities Disposed Of 5)	Acquired (D) (Instr	I (A) or : 3, 4 an	5. Amo Securing Benefic Owned Report Transa (Instr. 3	ount of ties cially I Following ed ction(s)	Form: Direct (D) or Indirect	of Indirect Beneficial Ownership	
		tr. 3)	2. Transparent of the control of the	nsaction h/Day/Year) 01/2020 vative Se	2A. E Exec if any (Mon	Deemed vution Date, y th/Day/Year)	3. Transa Code (1 8) Code	v Dispo	4. Securities Disposed Of 5)  Amount 299.155	Acquired (D) (Instr	Price	5. Amo Securit Benefit Owned Report Transa (Instr. :	ount of ties cially I Following ed ction(s) 3 and 4)	Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership	

## **Explanation of Responses:**

Security

1. The total amount of securities reported as directly owned in Column 5 includes 25.127 shares acquired on March 16, 2020, 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.

Date

Exercisable

(A) or Disposed

of (D) (Instr. 3, 4

and 5)

(A) (D)

> /s/ Kathleen S. Purcell, Agent 04/02/2020 for James C. Katzman

Security (Instr. 3 and 4)

Title

Expiration

Date

Amount Number

Shares

Following Reported

Transaction(s) (Instr. 4)

(I) (Instr. 4)

\*\* 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).

Code

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.