## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, 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

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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. Name and Address of Reporting Person*  Wege D Michael						2. Issuer Name <b>and</b> Ticker or Trading Symbol HERSHEY CO [ HSY ]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title Other (specify)						
(Last) (First) (Middle) 100 CRYSTAL A DRIVE						3. Date of Earliest Transaction (Month/Day/Year) 10/01/2013											X Officer (give title Other (specify below) below)  SVP, Chief Growth & Marketing					
(Street) HERSHEY PA 17033					4. 11												6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S		(Zip)	n Doris	entines			ioo A	001	iirod	Die	nacad	of o	- Bo	nofici	ally	Own					
1. Title of Security (Instr. 3)  2. Transplate (Month/L					action	ar)	2A. Deemed Execution Date, if any (Month/Day/Year)			3. Transa Code ( 8)	ction				ed (A) or		5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Ì	Code	v	Amount	:	(A) or (D)	Price		Reporte Transac (Instr. 3	tion(s)		[	(Instr. 4)	
Common Stock 10/0						2013		S <sup>(1)</sup>		900	)	D	\$92	\$92.27		28,134		D				
Common Stock 10					1/2013	3				M		220	)	A	\$63	\$61.7		28,354		D		
Common Stock 10/					1/2013	/2013				S <sup>(2)</sup>		220	)	D	\$92	\$92.27		28,134		D		
Common Stock																	824.7377 <sup>(3)</sup>			401(k) Plan		
		T	able II -									osed of onverti					wned			<u> </u>		
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. Transaction Code (Instr 8)		n of E			Date Exe piration onth/Da	Date	Amount of		J Security	De Se (In	Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y   G	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Dat	te ercisabl		xpiration ate	Title		Amount or Number of Shares							
Non- qualified Stock Option (Right to	\$61.7	10/01/2013			<b>M</b> <sup>(2)</sup>			220		(4)	0.	2/14/2015	Comi		220		\$0	3,450		D		

## **Explanation of Responses:**

- 1. The sale reported in this Form 4 was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on April 30, 2013.
- 2. The sale reported in this Form 4 was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on May 31, 2013.
- 3. The total amount of securities reported as indirectly owned by the reporting person includes 4.8167 shares acquired from September 1, 2013 through September 30, 2013, pursuant to the Company's 401(k) Plan ("Plan"). The information is based on a report dated October 1, 2013, provided by the Plan Trustee.
- 4. The options vest according to the following schedule: 25% vested on February 15, 2006, 25% vested on February 15, 2007, 25% vested on February 15, 2008 and 25% vested on February 15, 2009.

Kathleen S. Purcell, Agent for D. Michael Wege

10/02/2013

\*\* 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.