FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|-------------------|----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | | |
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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

| 1. Name and Address of Reporting Person* Nevels James E | | | | | 2. Issuer Name and Ticker or Trading Symbol HERSHEY CO [HSY] | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
|--|---|--|---|----------|---|---|--|----------|--|--|--|--------|---|-------------|---|--------------------------------------|---|--|---|--|--|
| IVCVCIS | Juiics L | | | | 1 | | | | | | | | | | X | Direc | tor | | 10% O | wner | |
| (Last) (First) (Middle) 100 CRYSTAL A DRIVE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/01/2011 | | | | | | | | | | | Officer (give title selow) | | Other (below) | specify | |
| 100 CITI | O II IL II D | III / L | | | 4 16 | | | <u> </u> | | . = | | 0.4 | ` | + | | | 1 : ./0 | =::: | (0) 4 | P 11 | |
| (Street) HERSHE | EY PA | . 1 | 17033 | | 4. If / | Amer | ndment, | Date o | f Origina | I Filed | l (Month/Da | ay/Yea | ar) | | ne) X | Form | r Joint/Group n filed by Ond n filed by Mo | e Rep | porting Pers | on | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | Pers | on | | | | |
| | | Tabl | e I - No | n-Deriva | ative | Sec | uritie | s Acc | quired, | Dis | posed o | f, oı | Ben | eficia | ally | Owne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | Exec | | . Deemed ecution Date, any onth/Day/Year) | | 3. Transaction Code (Instr. 8) 4. Securit Disposed 5) | | ties Acquired (A) I Of (D) (Instr. 3, 4 | | | 4 and S | | Securities I Beneficially | | wnership m: Direct or Indirect Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | | Transaction(s) (Instr. 3 and 4) | | | | (111511.4) | |
| Common Stock 01/01/ | | | | 2011 | | | A | | 634.652 | | A | \$0 | | 14,521.5943 | | | D ⁽¹⁾ | | | | |
| | | Та | | | | | | | | | sed of, onvertib | | | | y Oı | 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/D | n Date, | | ransaction ode (Instr. | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | rice of vative urity tr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owners Form: Direct (or Indir (I) (Inst | Ownership | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | of | nber | | | | | | | |

Explanation of Responses:

1. The total amount of securities reported as directly owned in Column 5 includes 90.404 shares acquired on December 15, 2010, 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.

Bonnie S. Martin, as Attorneyin-Fact for James E. Nevels

** 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.