FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

OIVID APPROVAL									
OMB Number:	3235-0287								
Estimated average bu	rden								
hours per response:	0.5								
	OMB Number: Estimated average bu								

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 or	ad Addross of	Poporting Porces*			2. [88	uer Na	ame ar	nd Tick	er or Tr	ading	Symbol			5. Re	lationshi	of Reporti	na Per	rson(s) to Is	suer
Name and Address of Reporting Person* Kraus Maria T					2. Issuer Name and Ticker or Trading Symbol HERSHEY CO [HSY]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Ktaus Waria 1														V	4			10% O	
(Last)	(Fir	st) (N	Middle)	3. Date of Earliest Transaction (Month/Day/Year) 10/01/2024]	Officer (give title Other (specify below) below)				specify		
19 E. CHOCOLATE AVENUE																			
	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Inc	6. Individual or Joint/Group Filing (Check Applicable									
(Street)											Line)								
HERSHEY PA 17033												Form filed by One Reporting Person							
												Form Perso		ed by More than One Repo		orting			
(City)	(Sta	ate) (2	<u>Z</u> ip)																
		Table	I - Noi	n-Deriva	tive S	Secu	rities	Acq	uired	, Dis	posed of	, or E	3ene	ficiall	y Own	ed			
1. Title of S	Security (Inst	tion								5. Amo	unt of	6. Ov	wnership	7. Nature					
Date (Month/Day					y/Year)	if an	cution Date, y nth/Day/Year)		Code (Instr. 5)			Of (D) (Instr. 3,		4 and Securi Benefi Owned		ities Ficially (I d Following (I		orm: Direct D) or Indirect I) (Instr. 4)	of Indirect Beneficial Ownership
								Code	v	Amount	(A) (D)	or I	Price	Report Transa (Instr.:	ed ction(s) 3 and 4)			(Instr. 4)	
Common Stock 10/01/2					2024			A		221.481	1 A		\$ <mark>0</mark>	1,390.799			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)	ivative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8)		of Deriv Secu Acqu (A) of Dispo	or posed 0) rr. 3, 4		ion Da	te	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		De Se (II	Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	o O Fo Di O I I I I I I I I I I I I I I I I I I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code	v	(A)	(D)	Date Expiration Exercisable Date Title		Amo or Num of Shar	ber									

Explanation of Responses:

1. The total amount of securities reported as directly owned in Column 5 includes 5.302 shares acquired on September 16, 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 Maria T. Kraus

10/02/2024

** 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.