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 APP | ROVAL | | | | | | |
|--------------------------|-------|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | |
| 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

| Name and Address of Reporting Person* Buck Michele | | | | | | 2. Issuer Name and Ticker or Trading Symbol HERSHEY CO [HSY] | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
|--|---|--|-----------------------------------|-----------------------------------|---|--|--|---|--------|--------------------|--|--------------------|-----------------------|---|--|--|---|---------------------------------------|---------|
| (Last) 19 E. CH | (Fi | rst) (I | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/21/2024 | | | | | | | | X | belov | er (give title v) irman, Pre | b | elow) | specify |
| (Street) HERSHI | EY PA | . 1 | 7033 | | 4. If <i>I</i> | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Indi Line) X | ' | | | | | |
| (City) | (St | ate) (2 | Zip) | | Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | nded to | | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acc | uired | , Dis | posed of | , or B | Benefi | cially | / Own | ed | | | |
| Date | | | 2. Transact Date (Month/Day | Execution Date, | | ate, | 3. Transaction Code (Instr. 8) 4. Securities Acqu Disposed Of (D) (Instr. 5) | | | | | | | 5. Amount of Securities Beneficially Owned Following Reported | | ect rect | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | Code | v | Amount | (A) o (D) | r Pric | e | Transa | action(s) 3 and 4) | | | ,iiisti. 4) | | |
| Common Stock 02/21/2 | | | | | 024 | | F | | 32,593 | D | \$1 | 92.49 | .49 170,006 | | D | | | | |
| Common | Stock | | | 02/21/2 | 024 | | | | A | | 90,848 | A | A \$0 | | | 2,599 | D | | |
| Common Stock 02/22/2 | | | | 2024 | | | | F | | 1,692 | D | \$1 | 93.54 168,3 | | 58,314 D | | | | |
| | | Tal | ble II | | | | | | | | osed of, convertib | | | | Owne | d | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | emed tion Date, n/Day/Year) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exerc Expiration Da (Month/Day/\) | | ate | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | De Se (In: | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owner Form Direct or Inc (I) (In | | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | | | Date Exerci | sable | Expiration Date | Title | or Number of | | | | | | | |

Explanation of Responses:

/s/ Lauren H. Lacey, Agent for 02/23/2024 Michele G. Buck

** Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

^{*} 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).