FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average I | hurden | | | | | | | |

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).

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 and Address of Reporting Person* DAVIS CHARLES A | | | | | 2. Issuer Name and Ticker or Trading Symbol HERSHEY CO [HSY] | | | | | | | | | ationshi k all app Dired | , | | s) to Is 10% O | | |
|--|--|--|--|---------|---|---|-----|---|---|--------|--------------------|---|-------------------------|--------------------------------|----------------------------------|---|---|---|--|
| (Last) 100 CRY | (Fir | , | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/01/2010 | | | | | | | | | Offic below | er (give title w) | | Other (specify below) | |
| (Street) HERSHE (City) | | | .7033 Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Forn | or Joint/Group Filing (Check Applicable m filed by One Reporting Person m filed by More than One Reporting son | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securiti Disposed | | | | | | Secur Benef | icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or | Price | Trans | action(s) 3 and 4) | | | (mour 4) |
| Common Stock 01/01/2 | | | | | /2010 | 2010 | | A | | 828.27 | 72 A S | | \$36.22 | 7,862.358 | | 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year | n Date, | 4. Transactic Code (Inst | | | | 6. Date Exercisa Expiration Date (Month/Day/Yea | | e | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | tr. 3 | Price of rivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | (D) irect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | or Num of Shar | | | | | | |

Explanation of Responses:

1. The total amount of securities reported as directly owned in Column 5 includes 27.346 shares acquired on December 15, 2009, 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 Charles A. Davis

** 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.