FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D.C. 20549 | |
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| STATEMENT | OF CHANG | ES IN BENEI | FICIAL OW | NERSHIP |
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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

| Name and Address of Reporting Person* <u>Katzman James C</u> | | | | 2. Issuer Name and Ticker or Trading Symbol HERSHEY CO [HSY] | | | | | | | (Che | elationshipeck all app | , | ng Pers | son(s) to Is | | | | |
|--|---|--|--------------------------|---|--|---|--|------|--|----------------------|---|---|---|--|---|---|--|--|--|
| (Last) | (Fir | st) (M | /liddle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/01/2024 | | | | | | | | Office below | er (give title | | Other (s below) | specify | |
| 19 E. CH | IOCOLATE | E AVENUE | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | |
| (Street) | EY PA | . 1 | 7033 | | | | | | | | | X Form filed by One Reporting Per Form filed by More than One Re Person | | | | | | | |
| (City) | (St | ate) (Z | ľip) | | Rul | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | |
| | | | | | | | | | | action was m | | | | | uction or writt | en plan | n that is inter | nded to | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | Exec Day/Year) if any | | . Deemed ecution Date, iny onth/Day/Year) | | | | es Acquired (A) Of (D) (Instr. 3, 4 | | | Securit Benefic Owned | curities neficially ned Following | | : Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | | Price | Report Transa (Instr. 3 | ed ction(s) 3 and 4) | | | (Instr. 4) | |
| Common Stock | | | 04/01/2 | 2024 | | | | A | | 220.162 | · | 4 | \$ <mark>0</mark> | 11, | 11,032.56 | | 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) | if any | emed ion Date, /Day/Year) | 4. Transactio Code (Inst. 8) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | E | 3. Price of Derivative Security Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4) | y [0 | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code V (A | | | (D) | Date Exercis | late Expiration 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 75.029 shares acquired on March 15, 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 James C. Katzman

04/03/2024

** 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.