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 APPROVAL OMB Number: 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

1. Name and Address of Reporting Person* Wege D Michael						2. Issuer Name and Ticker or Trading Symbol HERSHEY CO [HSY]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) below) SVP, Chief Growth & Marketing										
(Last) (First) (Middle) 100 CRYSTAL A DRIVE						3. Date of Earliest Transaction (Month/Day/Year) 11/03/2014																				
(Street) HERSHEY PA 17033					4. 11												6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting									
(City)																				Person						
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					saction	action Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year		3. Transaction Code (Instr.		4. Securities Acquired (A Disposed Of (D) (Instr. 3,		ed (A) or	or 5. Amoun		int of es ially Following	Form (D) o	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership						
										Code	v	Amount	: ((A) or (D)	Price	Tra	insac	ed etion(s) and 4)			(Instr. 4)					
Common Stock 11					3/2014	4				S ⁽¹⁾		450		D	\$96	5	28,971			D						
Common Stock 11.					03/2014					M		770)	A	\$52	3	29,741			D						
Common Stock 11/0					3/2014	4				S ⁽¹⁾		770		D	\$96	6	28,971			D						
Common Stock																	839.1171(2)				401(k) Plan					
		Т	able II -									sed of onverti				/ Owr	ed		,	,						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,		Transaction Code (Instr.		vative urities uired or oosed o) tr. 3, 4	Ex	Date Exe piration onth/Day	Date		Amou Secur Under Deriva	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)					
					Code	v	(A)	(D)	Dai	te ercisable		piration te	Title		Amount or Number of Shares											
Non- qualified Stock Option (Right to	\$52.3	11/03/2014			M			770		(3)	02	2/15/2016	Comn		770	\$0		4,880		D						

Explanation of Responses:

- 1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on August 4, 2014.
- 2. The total amount of securities reported as indirectly owned by the reporting person includes 0.3657 shares acquired from October 1, 2014 through October 31, 2014, pursuant to the Company's 401(k) Plan ("Plan"). The information is based on a report dated November 3, 2014, provided by the Plan Trustee.
- 3. The options vest according to the following schedule: 25% vested on February 16, 2007, 25% vested on February 16, 2008, 25% vested on February 16, 2009 and 25% vested on February 16, 2010.

/s/ D. Michael Wege

11/04/2014

** 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.