FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APP	ROVAL							
	OMB Number:	3235-0287							
l	Estimated average burden								
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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

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1. Name and Address of Reporting Person* Buck Michele						2. Issuer Name and Ticker or Trading Symbol HERSHEY CO [HSY]									tionship all appli Directo	cable)	g Pers	son(s) to Iss	
(Last)		•	(Middle)			Date o		est Tran	saction (Month/Day/Year)					X	Officer below)	(give title	perati	Other (s below) ing Office	specify
(Street) HERSHEY PA 17033 (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)								Indiv ne) X	Form f	Joint/Group Filing (Check Applicable filed by One Reporting Person filed by More than One Reporting on			
(City)	(3)			n Dori	(ative	- Co	ourit	ioo Ao	auirad	Die	nocod o	of or Do	noficia	NIV.	Ownor	<u> </u>			
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					action	tion 2A. Deemed Execution Date,			3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			or 5. Amo 4 and 5) Securit Benefic		int of es ally Following	Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
										v	Amount	(A) or (D)	Price		Transac	nsaction(s) etr. 3 and 4)			(111501.4)
Common Stock					1/2017				М		2,000	A	\$60.	68	157	157,210		D	
Common Stock 02.						/2017					2,000	D \$1		.29	155	5,210		D	
Common Stock															173.0	0064 ⁽²⁾			401(k) Plan
		Т	able II -								osed of converti				wned		,	,	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/D	n Date,		Transaction Code (Instr.		n of		6. Date Exercis Expiration Date (Month/Day/Yea		7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		De Se (Ir	s. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Owner Form Direct or Inc. (I) (In	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares						
Non- qualified Stock Option	\$60.68	02/01/2017			M			2,000	(3)	,	02/20/2022	Common Stock	2,000		\$0	13,007	7	D	

Explanation of Responses:

Buy)

- $1.\ The sales reported in this Form\ 4 were\ effected\ pursuant\ to\ a\ Rule\ 10b5-1\ trading\ plan\ adopted\ by\ the\ reporting\ person\ on\ August\ 31,\ 2016.$
- 2. The total amount of securities reported as indirectly owned by the reporting person represents a reduction of .1733 shares allocated to the reporting person's account in the Company's 401(k) Plan ("Plan") as of January 31, 2017. To manage liquidity needs of the Plan, the Plan trustee from time-to-time maintains a lower overall share balance (versus cash) in the Plan, which in this instance resulted in a reduction in the number of shares allocated to the reporting person's account when compared to the reporting person's Form 4 filed on January 4, 2017. The information is based on a report dated February 1, 2017, provided
- 3. The options vested according to the following schedule: 25% vested on February 21, 2013, 25% vested on February 21, 2014, 25% vested on February 21, 2015 and 25% vested on February 21, 2016.

Michele G. Buck

02/03/2017

** 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.