## 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

Name and Address of Reporting Person*     Wege D Michael						2. Issuer Name <b>and</b> Ticker or Trading Symbol HERSHEY CO [ HSY ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title Other (specify					
(Last) (First) (Middle) 100 CRYSTAL A DRIVE						3. Date of Earliest Transaction (Month/Day/Year) 01/17/2017								X Olitice (give title Other (specify below) SVP, GS, India, ME, Comm & CSR					
(Street) HERSHEY PA 17033 (City) (State) (Zip)					- 4. li	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
Date				Date	nsaction th/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Code	Transaction Code (Instr.		4. Securities Acquired (A Disposed Of (D) (Instr. 3,		5. Amount of Securities Beneficially Owned Followi		Form: I	n: Direct or Indirect	7. Nature of Indirect Beneficial Ownership	
					`	,		Code	v	Amount	(A) oi (D)	Price	Reporte Transac	Reported Transaction(s) (Instr. 3 and 4)			Instr. 4)		
Common Stock					01/17/2017				S <sup>(1)</sup>		100	D	\$104	82 26	5,188		D		
Common Stock				01/17	01/17/2017				М		1,000	) A	\$35.	37 27	27,188		D		
Common Stock				01/17	01/17/2017				S <sup>(1)</sup>		1,000	) D	\$104	104.82 26,188		D			
Common Stock														881.	9675(2)			401(k) Plan	
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)		4. Transaction Code (Instr 8)		n of I		Expiration	6. Date Exercisab Expiration Date Month/Day/Year)		7. Title ar Amount ( Securitie Underlyin Derivativ (Instr. 3 a	of s ng e Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	F Ily o	0. Ownership Form: Forect (D) or Indirect I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares						
Non- qualified Stock Option (Right to	\$35.87	01/17/2017			M			1,000	(3)		02/12/2018	Common Stock	1,000	\$0	1,890		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 November 22, 2016.
- 2. The total amount of securities reported as indirectly owned by the reporting person includes 4.2828 shares acquired from December 1, 2016 through December 31, 2016, pursuant to the Company's 401(k) Plan ("Plan"). The information is based on a report dated January 3, 2017, provided by the Plan Trustee.
- 3. The options vested according to the following schedule: 25% vested on February 13, 2009, 25% vested on February 13, 2010, 25% vested on February 13, 2011 and 25% vested on February 13, 2012.

/s/ D. Michael Wege

01/19/2017

\*\* 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.