FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 | |
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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). | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | |
|--------------------------|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | |
| 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* BROWN JAMES W | | | | 2. Issuer Name and Ticker or Trading Symbol HERSHEY CO [HSY] | | | | | | | | | k all app | , | ng Pe | rson(s) to Is | | | |
|---|--|--|-------------------|--|---------|--|--------|--|---------|--|------------|----------------------|---|--|---|--|--|-----------|--|
| (Last) | (Fir | , | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/01/2020 | | | | | | | | Office below | er (give title /) | | Other (below) | specify | |
| (Street) HERSHI (City) | | ate) (Z | 7033 Zip) | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Line) X | Form Form Perso | ual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Table | I - No | n-Deriva | ative S | Secu | rities | Acq | uired, | Dis | posed of | , or E | Bene | ficiall | y Own | ed | | | |
| Di Tillo di Sociatity (metri sy | | | Date | Date Ex (Month/Day/Year) if | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. 4. Securitie Transaction Code (Instr. 8) 5. | | | | | 5. Amo Securit Benefic Owned Report | ies cially 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 F | rice | Transa | ction(s) 3 and 4) | | | (1130.14) | |
| Common Stock | | | 07/01/ | 2020 | | | A | | 313.259 | 9 A | | \$ <mark>0</mark> | 0 4,757.331 | | | 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) | Executi if any | ny Coo onth/Day/Year) 8) | | substitution de (Instr. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | Service (In Service) | Price of erivative ecurity estr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

1. The total amount of securities reported as directly owned in Column 5 includes 26.243 shares acquired on June 15, 2020, 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 07/01/2020 for James W. Brown

** 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.