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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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

1. Name and Address of Reporting Person* Wege D Michael						2. Issuer Name and Ticker or Trading Symbol HERSHEY CO [HSY]											all appli Direct	cable) or	g Per	son(s) to Iss	vner		
(Last)	(Fi	irst) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 07/01/2013											X Officer (give title Other (specify below) below) SVP, Chief Growth & Marketing						
(Street) HERSHI	EY PA	A		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicat Line) X Form filed by One Reporting Person Form filed by More than One Reporting								
(City)	(S	•	(Zip)															Person					
		Tab	le I - Noi	n-Deriv	/ative	e Se	curiti	ies A	cqı	uired,	Dis	posed	of, or	Ben	eficia	lly	Owne	t					
1. Title of Security (Instr. 3) 2. Trans Date (Month)						ar)	2A. Deemed Execution Date, if any (Month/Day/Year)			3. Transa Code (I 8)					4 and Sec Ben Owi		Amount of curities neficially ned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
										Code	v	Amount	()	() or ())	Price		Reporte Transac (Instr. 3	tion(s)			(Instr. 4)		
Common Stock					07/01/2013							900		D	\$89.42		30,834			D			
Common Stock				07/01/2013						М		220		A	\$61.	\$61.7		1,054		D			
Common Stock				07/01	07/01/2013							220		D	\$89.4	42 30,		,834		D			
Common Stock																818		3.5167 ⁽³⁾			401(k) Plan		
		Т	able II -									osed of onverti				/ O	wned						
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,	4. Transactio Code (Inst 8)		n of			Date Exe piration onth/Day	Date	Amount Securiti Underly Derivati		nt of ities		De Se	Price of rivative curity str. 5)	9. Number derivative Securities Securities Owned Following Reported Transactio (Instr. 4)	у	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Da Ex	ite ercisable		xpiration ate	Title	1	Amount or Number of Shares								
Non- qualified Stock Option (Right to	\$61.7	07/01/2013			M ⁽²⁾			220		(4)	02	2/14/2015	Comm		220		\$0	4,110		D			

Explanation of Responses:

- 1. The sale reported in this Form 4 was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on April 30, 2013.
- 2. The sale reported in this Form 4 was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on May 31, 2013.
- 3. The total amount of securities reported as indirectly owned by the reporting person includes 3.095 shares acquired from June 1, 2013 through June 30, 2013, pursuant to the Company's 401(k) Plan ("Plan"). The information is based on a report dated July 1, 2013, provided by the Plan Trustee.
- 4. The options vested according to the following schedule: 25% vested on February 15, 2006, 25% vested on February 15, 2007, 25% vested on February 15, 2008 and 25% vested on February 15, 2009.

Kathleen S. Purcell, Agent for D. Michael Wege

07/02/2013

** 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.