SEC Form 4	
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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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 OMB APPROVAL MB Number: 3235-028

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1. Name and Addre Wege D Mic	ss of Reporting Perso hael	on*	2. Issuer Name and Ticker or Trading Symbol <u>HERSHEY CO</u> [HSY]	(Check	tionship of Reporting Pers (all applicable) Director Officer (give title	10% Owner		
I (LASI) (EIISI) (MIQOIE) I			3. Date of Earliest Transaction (Month/Day/Year) 05/01/2015	Х	below) SVP, Chief Growth &	Other (specify below) z Marketing		
(Street) HERSHEY PA 17033			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 Person				
(City)	(State)	(Zip)						

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code (8)					5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code V		Amount	mount (A) or (D)		Reported Transaction(s) (Instr. 3 and 4)		
Common Stock	05/01/2015		S ⁽¹⁾		450	D	\$92.31	25,450	D	
Common Stock	05/01/2015		М		770	A	\$52.3	26,220	D	
Common Stock	05/01/2015		S ⁽¹⁾		770	D	\$92.45	25,450	D	
Common Stock								846.7705 ⁽²⁾	Ι	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. Transa Code (8)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Non- qualified Stock Option (Right to Buy)	\$52.3	05/01/2015		М			770	(3)	02/15/2016	Common Stock	770	\$0	260	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 7.0865 shares acquired from March 1, 2015 through March 31, 2015, pursuant to the Company's 401(k) Plan ("Plan"). The information is based on a report dated April 2, 2015, 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, 2007, 25% vested on February 16, 2008, 25% vested on February 16, 2007, 25% vested on February 16, 2008, 25% vested on February 16, 2007, 25% vested on February 16, 2008, 25% vested on February 16, 2007, 25% vested on February 16, 2008, 25\% vested on February 16, 2008, 25\% v

<u>/s/ D. Michael Wege</u>

** Signature of Reporting Person

05/04/2015

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.