FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

Igion, D.C. 20549	OMB APPROVAL

OMB Number:	3235-0287									
Estimated average burden										
hours ner resnonse:	0.5									

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

Name and Address of Reporting Person*     WEST DAVID J						2. Issuer Name <b>and</b> Ticker or Trading Symbol HERSHEY CO [ HSY ]										onship of all applica Director	able)	orting Person(s) to Issuer 10% Owner		
(Last) 100 CRY	(F STAL A D	irst) RIVE	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 02/22/2011									X	Officer ( below)	give title Presider	Other (specify below)		pecify
(Street) HERSHEY PA 17033 (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)										Form filed by More than One Reporting Person Formore Illustration Form filed by More than One Reporting Person				
(Oity)			ble I - No	n-Deri	ivativ	ve Se	curities	s Ac	quired	, Dis	sposed o	of, o	r Ber	neficial	lly O	wned				
1. Title of Security (Instr. 3)  2. Transa Date (Month/L				nsactio	n	2A. Deeme Execution if any	A. Deemed execution Date,		3. Transaction Code (Instr.		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4			5. Amour Securitie Beneficia Owned F		s lly ollowing	Form	: Direct   I Indirect   I str. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	ount (A) or (D)		Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock 0					22/20	11			A		95,25	0	A	\$0	)	162,	,758		D	
Common Stock				02/2	22/20	11			F		36,72	7	D	\$51.	42 126		,031		D	
Common Stock															917.94(1)				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 Dat if any (Month/Day/Yo	ate,	4. Transa Code (I 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date I Expiratio (Month/I	on Dat		of Securities		es I Security	De	8. Price of Derivative Security (Instr. 5)	9. Number o derivative Securities Beneficially Owned Following Reported Transaction	e s illy	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 Share	oer (Instr. 4		(Instr. 4)	on(s)		
Non- qualified Stock Option (Right to	\$51.42	02/22/2011			A		172,585		(2)		02/21/2021		nmon ock	172,58	5	\$0	172,58	35	D	

## Explanation of Responses:

- 1. The total amount of securities reported as indirectly owned by the reporting person includes 2.204 shares acquired from November 1, 2010 through January 31, 2011, pursuant to the Company's 401(k) Plan ("Plan"). The information is based on a report dated February 1, 2011, provided by the Plan Trustee.
- 2. Options vest according to the following schedule: 25% vest on the first anniversary of the award date, an additional 25% vest on the second anniversary of the award date, and the options become fully vested on the fourth anniversary of the award date.

/s/ Bonnie S. Martin, Attorneyin-Fact for David J. West 02/24/2011

\*\* 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.