FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL								
OMB Number:	3235-0104							
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* WOLFE KENNETH L 2. Date of Event Requiring Statement (Month/Day/Year) 11/11/2007				nent	3. Issuer Name and Ticker or Trading Symbol HERSHEY CO [HSY]						
(Last) (First) (Middle) 100 CRYSTAL A DRIVE					Relationship of Reporting Pers (Check all applicable) X Director		son(s) to Issuer 10% Owner		5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Street) HERSHEY (City)	PA (State)	17033 (Zip)	_		Officer (give title below)		Other (specify below)		Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person		
		7	able I - Non	-Derivat	ive S	ecurities Beneficiall	y Owned				
1. Title of Security (Instr. 4)						int of Securities ially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock						16,974	D				
		(e. <u>ç</u>				urities Beneficially (pptions, convertible		s)			
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable Expiration Date (Month/Day/Year)			sicable and	Underlying Derivative Security (Instr. 4) Con or E		4	rcise Form:		6. Nature of Indirect Beneficial Ownership (Instr. 5)		
1. Title of Deriva	tive Security (in:	str. 4)	Expiration Da	ate				Conver	rcise	Ownership	Beneficial Ownership

Explanation of Responses:

Kenneth L. Wolfe

11/16/2007

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $^{^{\}star}$ If the form is filed by more than one reporting person, see Instruction 5 (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).