FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See 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]									5. Relationship (Check all appli Directe		cable) or	ig Pers	10% Ow	/ner
(Last)	•	(First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 08/15/2017									X	X Officer (give title Other (sp below) SVP, Chief Admin Officer				
(Street) HERSHI	EY PA	PA 17033			4. If	i Amendment, Date of O				f Original Filed (Month/Day/Year)				6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting					n	
(City)															Person					
		Tab	le I - Noi	n-Deri\	/ative	e Se	curit	ies Ad	qui	ed, [Dis	posed c	of, or B	enefi	icially	/ Owned	t			
1. Title of Security (Instr. 3) 2. Transa Date (Month/D						ar) i	2A. Deemed Execution Date, if any (Month/Day/Year)			3. Transaction Code (Instr. 8)						5. Amount of Securities Beneficially Owned Following		Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership
									С	ode	v	Amount	(A) (D)	or P	rice	Reporte Transac (Instr. 3	tion(s)		[Instr. 4)
Common Stock 0					3/15/2017					(1)		100	I	\$	3105.9	27	,766		D	
Common Stock				08/15	08/15/2017				\neg	М		1,000) <i>A</i>	\$	34.89	28	766		D	
Common Stock (08/15	8/15/2017				-	(1)		1,000) [\$	3105.9	27	27,766		D	
Common Stock																887.7692 ⁽²⁾				401(k) Plan
		7	able II -									osed of onverti				Owned				
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. Transactio Code (Insti 8)		of Deri Sec Acq (A) Disp	oosed D) tr. 3, 4	Expi	te Exe ation I th/Day	Date			of es ing ve Secu		3. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exer	cisable		xpiration ate	Title	or	ount nber ires					
Non- qualified Stock Option (Right to	\$34.89	08/15/2017			М			1,000		(3)	0	2/16/2019	Commo Stock	n 1,0	000	\$0	2,000		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 November 22, 2016.
- 2. The total amount of securities reported as indirectly owned by the reporting person represents a reduction of 1.9464 shares allocated to the reporting person's account in the Company's 401(k) Plan ("Plan") as of July 31, 2017. To manage liquidity needs of the Plan, the Plan trustee from time-to-time maintains a lower overall share balance (versus cash) in the Plan, which in this instance resulted in a reduction in the number of shares allocated to the reporting person's account when compared to the reporting person's Form 4 filed on July 19, 2017. The information is based on a report dated August 1, 2017, provided by the Plan trustee.
- 3. The options vested according to the following schedule: 25% vested on February 17, 2010, 25% vested on February 17, 2011, 25% vested on February 17, 2012 and 25% vested on February 17, 2013.

/s/ D. Michael Wege

08/16/2017

** Signature of Reporting Person

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.