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	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
obligations may continue. See	
Instruction 1(b).	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

**OMB APPROVAL** OMB Number: 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

						2. Issuer Name <b>and</b> Ticker or Trading Symbol HERSHEY CO [ HSY ]									elationship eck all applic	cable)	<i>'</i>			
(Last) 100 CRY	(F /STAL A D	(First) (Middle)					of Earliest	Trans	saction (Mo	onth/E	ay/Year)	- ,		Officer (give title below)		Other (speci below)				
(Street) HERSHI	HERSHEY PA 17033						4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable le)  X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(=,)				n-Deriv	vativ	- Se	curitios	<u></u>	nuired	Dier	nosed o	of or F	Sono	ficiall	v Owned					
Date				2. Trans			2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transa Code (	3. 4. Transaction Code (Instr. 5)		Securities Acquired (A) sposed Of (D) (Instr. 3, 4			5. Amou Securitie Benefici Owned F	nt of es ally following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A (D	(A) or Price		Reported Transaction(s) (Instr. 3 and 4)				Instr. 4)	
Common Stock 10					2/200	)7			A		22,00	00 A		\$0	53,217			D		
Common	Stock														85:	853.43 I 401(k)				
			Table II -						uired, D						Owned		,			
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/Day	Date,	Code (In		of E		Expiration	6. Date Exercisa Expiration Date (Month/Day/Year		7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)		curity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	re es ally g d tion(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisab		xpiration ate	Title	or No of	umber						
Non- Qualified Stock Option (right to	<b>\$</b> 45.78	10/02/2007			A		37,400		(1)	1	0/01/2017	Commo		7,400	\$0	37,400	0	D		

## **Explanation of Responses:**

1. Options vest according to the following schedule: 25% vest on the first anniversary of the grant date, an additional 25% vest on the second anniversary of the grant date, an additional 25% vest on the third anniversary of the grant date, and the options become fully vested on the fourth anniversary of the grant date.

## Remarks:

The total amount of securities reported as indirectly owned by the reporting person in Column 5 of Table I (401(k) Plan) includes 130.9260 shares acquired from February 1, 2006 through December 31, 2006, and 14.0040 shares acquired from January 1, 2007 through September 29, 2007, pursuant to the Company's 401(k) Plan (formerly known as Employee Savings Stock Investment and Ownership Plan). These shares were acquired at various intervals, and the closing price on December 29, 2006, the last trading day of the fiscal year, was \$49.80; and on September 28, 2007, was \$46.41. The exact price of each share at the date of acquisition is not readily determinable

> 10/04/2007 David J West

\*\* 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.