SEC Form 4

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

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	Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. <i>See</i> Instruction 1(b).
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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

1. Name and Address of Reporting Person [*] Raup Charles R					2. Issuer Name and Ticker or Trading Symbol <u>HERSHEY CO</u> [HSY]									Check	ationship of Report (all applicable) Director		10% O		
(Last) (First) (Middle) 19 EAST CHOCOLATE AVENUE				3. Date of Earliest Transaction (Month/Day/Year) 02/22/2021									х	Officer (give title below) President, U			below)	speeny	
(Street) HERSHI			7033 Zip)		4. If <i>i</i>	Line													
		Table	I - No	on-Deriva	tive S	Secu	rities	Acq	quired	, Dis	posed of	, or B	enefic	ially	Own	ed			
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day			Execution D		ution Da	,	Code (Instr					4 and Secu Bene		cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	(A) 01 (D)	Price	Trans		action(s) . 3 and 4)			(1150.4)	
Common Stock 02/22/				02/22/2	2021		F		73	D	\$148	48.25		7,837		D			
		Tal	ole II -								osed of, convertib				wnee	ł			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed tion Date, n/Day/Year)	4. Transa Code (8)		5. Nur of Deriva Secur Acqui (A) or Dispo of (D) (Instr. and 5)	ative rities ired osed	6. Date Expirat (Month	tion D		7. Title Amou Securi Under Deriva Securi 3 and	nt of ities lying itive ity (Instr.			9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

Date Exercisable Expiration Date

Explanation of Responses:

<u>/s/ James Turoff, Agent for</u> <u>Charles R. Raup</u>

Number

Shares

of

Title

02/23/2021

** 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).

Code V

(A) (D)

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.