FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

asimigion, D.C. 20049	ashington,	D.C.	20549		
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STATEMENT	OF CHANGE	S IN BENEFICIAL	OWNERSHIP

OMB APPROVAL											
OMB Number:	3235-0287										
Estimated average burden											
hours per respons	e· 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* <u>CRAWFORD VICTOR L.</u>					2. Issuer Name and Ticker or Trading Symbol HERSHEY CO [HSY]								ck all app	licable)	ng Per	rson(s) to Is			
(Last)	(Fir	st) (N	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 01/01/2024									Office below	er (give title		Other (s below)	specify
19 EAST CHOCOLATE AVENUE					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)	777 D.4		5022)	X Form filed by One Reporting Person Form filed by More than One Reporting							
HERSHI	EY PA	. 1	7033			Form filed by More than One R Person									n one repe	, tung			
(City)	(St	ate) (Z	Zip)		Rule 10b5-1(c) Transaction Indication														
			Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				Execution [on Date, Transaction Code (Instr			4. Securities Acquired (ADisposed Of (D) (Instr. 3, 5)		, 4 and Secur Bene Owne		rities F ficially (I ed Following (I		Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
							Code	v	Amount	(A) (D)	or F	Price	Transa	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
Common Stock 01/				01/01/2	2024				A		270.533	1	A	\$ <mark>0</mark>	3,637.151			D ⁽¹⁾	
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 Date, if any (Month/Day/Year) (Month/Day/Year) 4. Transaction Code (Instr. 8)			of Deriv	r osed) r. 3, 4	6. Date Exerci Expiration Da (Month/Day/Y		te	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		S (I	. Price of Perivative ecurity nstr. 5)	9. Number of 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)		
					Code			Date Exercis	able	expiration o		Amor or Numl of Share	ber						

Explanation of Responses:

1. The total amount of securities reported as directly owned in Column 5 includes 21.939 shares acquired on December 15, 2023, pursuant to a dividend reinvestment feature of the Company's Directors' Compensation Plan, the provisions of which are substantially similar to the dividend reinvestment features of the broad-based dividend reinvestment plan available generally to Company stockholders.

/s/ Kathleen S. Purcell, Agent for Victor L. Crawford

01/03/2024

** 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.