SEC Form 4

Instruction 1(b)

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

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

OMB APPROVAL

| OMB Number: | 3235-0287 | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| Estimated average burden | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | |

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* <u>Robbin-Coker Cordel</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol <u>HERSHEY CO</u> [HSY] | | | | | | | (Che | elationship eck all app 7 Direc | licable) | ng Pe | rson(s) to Is 10% Ov | | | | |
|---|--|--|--------|---------------------------------|--|--|---|-----------------------|---|---------|--|---|---------------------------------------|-----------------|---|--|--------------------------------------|---|--|--|
| (Last) (First) (Middle) | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/01/2024 | | | | | | | | Office below | er (give title /) | | Other (: below) | specify | | |
| 19 E. CHOCOLATE AVENUE | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | | |
| (Street) HERSHI | ey pa | . 1 | 7110 | | | | | | | | | | 5 | | filed by Mo | | oorting Pers an One Rep | | | |
| (City) | (St | ate) (2 | 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 inter satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | nded to | | | | | | | | | | |
| | | Table | I - No | n-Deriva | ative \$ | Secu | rities | s Acq | juired, | , Dis | posed of | , or E | 3ene | ficia | lly Own | ed | 3 | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | y/Year) Execution | | | ution Date, | | 3. Transaction Code (Instr. 8) 4. Securitie Disposed (5) | | | uired (/ Instr. 3 | 3, 4 and Secu Bene Own | | Amount of ecurities eneficially wned Following | | m: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code | v | Amount | (A) or (D) PI | | Price | Transa | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | | |
| Common Stock 07/01/2 | | | | | | 2024 | | A | | 367.066 | 5 4 | 4 | \$ <mark>0</mark> | 367.066 | | | D | | | |
| | 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) | if any | emed ion Date, /Day/Year) | 4. Transa Code (8) | | of Deriv Secu Acqu (A) o Disp of (D | osed)) r. 3, 4 | Expiration Dat | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | e Amount of | | [[(| B. Price of Derivative Security Instr. 5) | ive derivative y Securities | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | | | Date Exercis | able | Expiration Date | on Title | | ber | | | | | | |

Explanation of Responses:

/s/ Kathleen S. Purcell, Agent for Cordel Robbin-Coker

07/02/2024

** 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.