SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

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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 Add STRAUSS	2. Date of Event Requiring Stater (Month/Day/Yea 11/11/2007	nent ¹	3. Issuer Name and Ticker or Trading Symbol <u>HERSHEY CO</u> [HSY]								
(Last) 100 CRYSTA	(First)	(Middle)	~			tionship of Reporting Perso all applicable) Director	erson(s) to Issuer		5. If Amendment, Date of Original Filed (Month/Day/Year)		
·						Officer (give title below)	Other (spe below)	cify	Appli	6. Individual or Joint/Group Filing (Check Applicable Line)	
(Street) HERSHEY	PA	17033									y One Reporting Person y More than One erson
(City)	(State)	(Zip)									
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)						nt of Securities ally Owned (Instr. 4)					
Common Stock						200	D				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4)			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securi Underlying Derivative Securit			4. Conve or Exe Price o	rcise	5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
Explanation of R			Date Exercisable	Expiration Date	n Title		Amount or Number of Shares	Deriva Securi	tive	or Indirect (I) (Instr. 5)	

Charles B. Strauss

** Signature of Reporting Person Date

11/19/2007

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 5 (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.