FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

, ,	ee Instruction 1				2 100	suer N	ma 3	nd Tiel	or or T	adina	Symbol			5 Dela	tionehir	of Penortin	na Pareon	(e) to le	CHAr
1. Name and Address of Reporting Person* <u>Scalia Christopher M</u>					2. Issuer Name <b>and</b> Ticker or Trading Symbol HERSHEY CO [ HSY ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
															Director Officer (give titl		10% Owner Other (specify		
(Last) (First) (Middle)					Date of Earliest Transaction (Month/Day/Year)									1	below			specify	
19 EAST CHOCOLATE AVENUE					08/26/2024									SVP, CHR & Transf. Officer					r
17 L/101	CHOCOL	ATE AVENCE			<u> </u>														
(Street)					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
HERSHEY PA 17033													Form filed by One Reporting Person					on	
-															Form filed by More than One Reporti Person			orting	
(City)	(City) (State) (Zip)														FEISC	) i i			
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired	, Dis	posed of	, or B	enefic	cially	Own	ed			
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day)						Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Acquired (Disposed Of (D) (Instr. 3) 5)					5. Amo Securit Benefic Owned Report	ties cially I Following	6. Owner Form: Di (D) or Inc (I) (Instr.	rect direct 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code				v	Amount	(A) o	Price	9	Transa	ction(s) 3 and 4)			(111311. 7)	
Common Stock 08/26/20					024	)24		<b>S</b> <sup>(1)</sup>		5,000	D	\$19	197.04		5,011 D				
		Tal	ble II -						,		osed of, convertib			•	Owne	d			1
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)		4. Transa Code ( 8)				6. Date Exerc Expiration Da (Month/Day/Y		ate	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owi Fori Dire or li (I) (I	nership n: oct (D) ndirect nstr. 4)	Benefici Ownersi (Instr. 4)
					Code		V (A) (D)		Date Exercisable		Expiration Date	Title	Amoun or Numbe of						

## **Explanation of Responses:**

1. The sale reported in this Form 4 was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on May 24, 2024.

/s/ Lauren H. Lacey, Agent for 08/27/2024 Christopher M. Scalia

\*\* 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.