FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| ashington, | D.C. | 20549 | |
|------------------|------|-------|--|
| aoi iii igioi i, | D.O. | _0010 | |

| STATEMENT | OF C | CHANGES | IN | BENEFICIAL | OWNERSHIP |
|-----------|------|---------|----|-------------------|------------------|

| OMB AP | PROVAL | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per respons | ۰ 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* Schoppert Wendy Lee | | | | | 2. Issuer Name and Ticker or Trading Symbol HERSHEY CO [HSY] | | | | | | | | | k all app Direc | tor | ng Per | 10% O | wner | |
|--|--|---|------------------------------|-----------------|--|--|--|---|-----------------|------|---|---|---|---|--|-------------------------|----------|---------|-------------|
| (Last) 19 E. CH | (Fir | , | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/01/2022 | | | | | | | | Office below | er (give title | | Other (s | specify | |
| (Street) HERSHE | | | 7033 Zip) | | 4. If <i>i</i> | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indi Line) X | ' | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Date) | | | | Execution Date, | | | 3. 4. Securities Acquin Transaction Disposed Of (D) (In: Code (Instr. 8) | | | | 5. Amount of Securities Beneficially Owned Following Reported | | Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or P | rice | | ction(s) | | | (111501. 4) |
| Common Stock 10/01/ | | | | 10/01/2 | 2022 | | Α | | 178.955 | A | 1 | \$ <mark>0</mark> | 6,115.852 | | | 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) | 1. Title of 2. 3. Transaction Date Execution Date, (Month/Day/Year) | | 4. Transa Code (8) | ction of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | nt | | 9. Number derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4) | y | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Numb of Share | | | | | | |

Explanation of Responses:

1. The total amount of securities reported as directly owned in Column 5 includes 27.875 shares acquired on September 15, 2022, 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 10/03/2022 for Wendy L. Schoppert

** Signature of Reporting Person

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.