FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.C. 20549			

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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

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

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

	e conditions of ee Instruction 1																		
Name and Address of Reporting Person* CRAWFORD VICTOR L.					2. Issuer Name and Ticker or Trading Symbol HERSHEY CO [HSY]						(CI	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
CKAWFORD VICTOR L.									-					✓ Direct	tor		10% Ov	vner	
(Last) (First) (Middle) 19 EAST CHOCOLATE AVENUE					3. Date of Earliest Transaction (Month/Day/Year) 01/01/2025							Office below	er (give title v)		Other (s below)	specify			
					4. If A	If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable						
(Street)														Lin	- /	£11 O	- D		
HERSHI	EY PA	. 1	7033														iled by One Reporting Person iled by More than One Reporting		
,															Perso		10 010	iii one repe	, tung
(City)	(Sta	ate) (Z	<u>Z</u> ip)																
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or	Bene	eficia	ally Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day			Execution Date,		3. Transaction Code (Instr. 8) 4. Securitie Disposed C 5)		es Acquired (A) Of (D) (Instr. 3, 4		(A) or 3, 4 ar	nd Securit Benefi	ties Fo cially (D) d Following (I)		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)					
						Code	v	Amount	(A (D) or))	Price	Transa	ction(s) 3 and 4)			(111501.4)			
Common Stock 01/01			01/01/2	2025				A		251.792		A	\$ <mark>0</mark>	4,6	36.635		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)	Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any			5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
					Codo	v	(A)	(D)	Date	abla	Expiration	Title	or Nun of	- 1					

Explanation of Responses:

1. The total amount of securities reported as directly owned in Column 5 includes 33.454 shares acquired on December 16, 2024, 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.

Cathleen S. Purcell, Agent for Victor L. Crawford

** Signature of Reporting Person Date

01/03/2025

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.