Edgar Filing: HERSHEY CO - Form 4

HERSHEY C	CO												
Form 4													
October 04, 2	2016												
FORM	4									OMB AF	PROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMMISSION	OMB Number:	3235-028				
Check thi										Expires:	January 31		
subject to statement of changes of the statement of the s							CIAL	OWN	NERSHIP OF	Estimated a	200 average		
Section 16. SECURITIES							burden hours per						
	Form 4 or								response 0.				
Form 5 obligatior	• · · · ·							-	e Act of 1934,				
may conti				•					1935 or Section	1			
See Instru	iction	30(h)	of the In	vestme	ent (Company	Act	of 194	0				
1(b).													
(Print or Type R	Responses)												
× •••													
1. Name and Address of Reporting Person [*] 2. Issuer Name and Ticker or Trading 5. Relationship of						5. Relationship of	Reporting Person(s) to						
Mead James M Symbol									Issuer				
				EY CO) [F	ISY]			(Chaol: all applicable)				
			3. Date of	Earliest	t Tra	nsaction			(Check all applicable)				
			(Month/D			insuction			X Director	10%	Owner		
			10/01/2	-	,				Officer (give title Other (specify				
									below) below)				
(Street) 4. If Ame				endment, Date Original					6. Individual or Joint/Group Filing(Check				
Filed(Me				Month/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person				
HERSHEY, PA 17033									Form filed by More than One Reporting				
HEKSHEI,	FA 17055								Person				
(City)	(State)	(Zip)	Tabl	e I - Noi	n-De	erivative Se	ecuriti	es Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction D	ned 3. 4. Securities Acquired					uired	5. Amount of 6. Ownership 7. Nature Securities Form: Direct Indirect					
Security (Month/Day/Year) Execution Date, (Instr. 3) any				Code	ctioi	(Instr. 3, 4			Securities Beneficially	(D) or	Beneficial		
(Month/Day/Ye			Day/Year)	(Instr.	8)	(111511: 5, 1	und 5)		Owned	· · /	Ownership		
									Following	(Instr. 4)	(Instr. 4)		
							(A)		Reported Transaction(s)				
							or		(Instr. 3 and 4)				
C				Code	V	Amount	(D)	Price	(
Common Stock	10/01/2016			А		354.815	А	\$0	10,197.124	D (1)			

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)			Number Expiration Date of (Month/Day/Year) Derivative Securities Acquired A) or Disposed of (D)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owno Follo Repo Trans (Instr
			Code V	4, and 5 (A) (E)]	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships									
	Director	10% Owner	Officer	Other						
Mead James M 100 CRYSTAL A DRIVE HERSHEY, PA 17033	Х									
Signatures										
/s/ Kathleen S. Purcell, Agent f Mead	М.	10/03	3/2016							
<u>**</u>Signature of Reporting Per		Date								

Explanation of Responses:

* 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).

The total amount of securities reported as directly owned in Column 5 includes 58.473 shares acquired on September 15, 2016, pursuant
 (1) 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.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.