Edgar Filing: HERSHEY CO - Form 4

HERSHEY O	CO											
Form 4												
January 03, 2	2017											
FORM	14									OMB AF	PPROVAL	
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287				
Check this box								Expires:	January 31,			
if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERS						NERSHIP OF	Estimated average					
Section 1		SECURITIES							burden hours per			
Form 4 o	r								response 0.8			
Form 5		•						•	e Act of 1934,			
obligation may cont				•		• •	•		1935 or Section	n		
See Instru		30(h)) of the In	vestme	ent	Company	Act	of 194	0			
1(b).												
(Print or Type F	Responses)											
1 Nama and A	ddrass of Daparts	ing Dorson *	. .			m. 1 m			5 Deletionship of	Deporting Dars	on(s) to	
1. Name and Address of Reporting Person * 2. Issuer Nat CAVANAUGH ROBERT F Symbol				r Name a	and	Ticker or T	rading		5. Relationship of Reporting Person(s) to Issuer			
55					<u>о г</u>							
H			HERSH	IEY CO		HSYJ			(Check all applicable)			
				3. Date of Earliest Transaction								
				(Month/Day/Year)					X_ Director 10% Owner Officer (give title Other (specify			
100 CRYSTAL A DRIVE			01/01/2	017					below)	title Other (specify below)		
	(Street)		4 If Ame	ndment	Dat	te Original			6 Individual or Io	int/Group Filin	o(Check	
				f Amendment, Date Original cd(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line)			
1 ned(wond									_X_ Form filed by One Reporting Person			
HERSHEY,	PA 17033								Form filed by M	Iore than One Re	porting	
									Person			
(City)	(State)	(Zip)	Tabl	e I - No	n-D	erivative Se	ecuriti	es Acqu	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction I	Date 2A. Dee	med	3.		4. Securitie	es Acq	uired	5. Amount of	6. Ownership	7. Nature of	
Security (Month/Day/Year) Execution Date, if Tran					actio	n(A) or Disp			Securities	Form: Direct		
•					(Instr. 3, 4	tr. 3, 4 and 5) Benefic			(D) or	Beneficial		
		(Month/	Day/Year)	(Instr.	8)				Owned Following	Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
									Reported	(IIIsu: +)	(Insu: +)	
							(A)		Transaction(s)			
				Code	v	Amount	or (D)	Price	(Instr. 3 and 4)			
Common	01/01/2015				,					D (1)		
Stock	01/01/2017			А		362.249	А	\$0	46,541.78	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. Transact Code (Instr. 8)	ionNumber Expira of (Mont) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		5	ate	Amount of		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	4, an	,	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
I B	Director	10% Owner	Officer	Other				
CAVANAUGH ROBERT F 100 CRYSTAL A DRIVE HERSHEY, PA 17033	Х							
Signatures								
/s/ James Turoff, Agent for Rol Cavanaugh	bert F.		01/03/2017					
<u>**</u> Signature of Reporting Pers		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 275.551 shares acquired on December 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.