## Edgar Filing: HERSHEY CO - Form 4

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Form 4												
April 04, 201	17											
FORM 4 UNITED STATES SECURIT							OMB APPROVAL					
	UNITE	ED STATES				ND EXC D.C. 2054		GE C	OMMISSION	OMB Number:	3235-0287	
Check this box if no longer subject to Section 16. Section 16.										Expires:	January 31, 2005 average	
							CIAL	OWN	NERSHIP OF	Estimated a		
				SECU	RI	TIES				burden hours per		
Form 4 o Form 5			G (* 1			а ···	г	1	A ( C1024	response	0.5	
obligation		<b>^</b>						•	e Act of 1934,	•		
may cont	inue.		) of the In	•		<b>•</b> •			1935 or Section	1		
See Instru 1(b).	uction	50(II)	) of the m	vestillen	ι	Company	Acti	JI 19 <del>4</del>	0			
1(0).												
(Print or Type F	Responses)											
				suer Name and Ticker or Trading					5. Relationship of Reporting Person(s) to Issuer			
			Symbol		<b></b>	101/1			Issuel			
			HERSH	IEY CO	[F	4SY]			(Check all applicable)			
(Last)	(First)	(Middle)	3. Date of	f Earliest 7	[ra	nsaction						
100 CRYSTAL A DRIVE			(Month/Day/Year)						X_ Director 10% Owner Officer (give title Other (specify			
			04/01/2017						below)	below)		
	(Street)		4. If Ame	ndment, D	Date	e Original			6. Individual or Jo	int/Group Filin	g(Check	
			Filed(Month/Day/Year)						Applicable Line)			
									_X_ Form filed by C Form filed by M			
HERSHEY,	PA 17033								Person		porting	
(City)	(State)	(Zip)	Tabl	e I - Non-	De	erivative Se	ecuriti	es Acqu	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction l	Date 2A. Dee	med	3.		4. Securitie	es Aca	uired	5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Ye	on Date, if			n(A) or Disp	-		Securities	Form: Direct			
(Instr. 3)		any		Code		(Instr. 3, 4	and 5)		2	< / </td <td>Beneficial</td>	Beneficial	
		(Month/	Day/Year)	(Instr. 8)					Owned Following	Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
							(A)		Reported	(Instr. 1)	(Instr. I)	
							(A) or		Transaction(s)			
				Code V	/	Amount	(D)	Price	(Instr. 3 and 4)			
Common Stock	04/01/2017			А		343.249	А	\$0	17,101.557	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)	<ul> <li>5. 6. Date Exercisable an</li> <li>ionNumber Expiration Date</li> <li>of (Month/Day/Year)</li> <li>Derivative</li> <li>Securities</li> <li>Acquired</li> <li>(A) or</li> <li>Disposed</li> <li>of (D)</li> <li>(Instr. 3,</li> <li>4, and 5)</li> </ul>		ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr	
			Code V	,	,	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships								
	Director	10% Owner	Officer	Other					
PALMER ANTHONY J. 100 CRYSTAL A DRIVE HERSHEY, PA 17033	Х								
Signatures									
/s/ Kathleen S. Purcell, Agent f Palmer	04	/03/2017							
<u>**</u> Signature of Reporting P		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 7.943 shares acquired on March 15, 2017, pursuant to a
 (1) 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.