Edgar Filing: HERSHEY CO - Form 4

HERSHEY C	CO												
Form 4													
July 06, 2016													
FORM	4		~ ~ ~ ~ ~ ~ ~							OMB AF	PROVAL		
-	UNITE	D STATE:				ND EXC D.C. 205		GE C	OMMISSION	OMB Number:	3235-0287		
Check this box									Expires:	January 31,			
if no longer subject to STATEMENT OF CHAN				GES IN BENEFICIAL OWNERS					NERSHIP OF	Estimated a	2005 Iverage		
Section 10									burden hours per				
Form 4 or Form 5			~	<i>c</i> () 0		~	-			response 0.			
obligation	^							•	e Act of 1934,				
may conti				•		· ·			1935 or Section	n			
See Instru	ction	30(h)) of the In	vestme	ent	Company	Act	of 194	0				
1(b).													
(Print or Type R	esponses)												
(11110011)per	(asponses)												
1. Name and A	ddress of Reporti	ng Person [*]	2. Issue	r Name a	ınd	Ticker or T	rading		5. Relationship of	Reporting Person(s) to			
CAVANAUGH ROBERT F S						1101101 01 1			Issuer				
	HERSH	IEY CO) [I	HSY]									
				3. Date of Earliest Transaction					(Check all applicable)				
100 CRYSTAL A DRIVE			(Month/Day/Year)						X Director	Owner			
				07/01/2016					Officer (give title Other (specify				
									below)	below)			
(Street)				4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check				
File				Filed(Month/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person				
HEDGHEV	DA 17022									Iore than One Re			
HERSHEY,	PA 17055								Person				
(City)	(State)	(Zip)	Tabl	e I - Noi	n-D	erivative S	ecuriti	es Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction D	Date 2A. Dee	emed	3.		4. Securiti	es Acq	uired	5. Amount of	6. Ownership	7. Nature of		
Security		on Date, if Transaction(A) or Disposed of (D)						Securities	Form: Direct				
(Instr. 3)		•	any Code (Instr. 3, 4 and 5) (Month/Day/Year) (Instr. 8))	Beneficially Owned		Beneficial Ownership		
		(Monul/	Day/rear)	(msu.	0)				Following	Indirect (I) (Instr. 4)	(Instr. 4)		
							(1)		Reported	(()		
							(A) or		Transaction(s)				
				Code	V	Amount	(D)	Price	(Instr. 3 and 4)				
Common Stock	07/01/2016			А		329.944	А	\$0	45,264.242	D <u>(1)</u>			

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. Transacti Code (Instr. 8)	of (Mo		Expiration Date (Month/Day/Year)		7. Titl Amou Under Secur (Instr.	ınt of rlying	Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships								
1	Director	10% Owner	Officer	Other					
CAVANAUGH ROBERT F 100 CRYSTAL A DRIVE HERSHEY, PA 17033	Х								
Signatures									
/s/ Kathleen S. Purcell, Agent f Cavanaugh		07/06/2016							
<u>**</u> Signature of Reporting		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 265.062 shares acquired on June 15, 2016, 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.

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.