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HERSHEY (20										
Form 4											
October 31, 2	_										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION							OMB APPROVAL				
	UNITEI	JSIAIE		shington,			NGE C		OMB Number:	3235-0287	
Check the	is box		V V CL	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	D .C. 20	547				January 31,	
if no long		MENT O	F CHAN	GES IN	BENEF	ICIA	LOW	NERSHIP OF	Expires:	2005	
subject to STATEMENT OF CHART				SECURITIES					Estimated average burden hours per		
Form 4 o									response 0		
Form 5	Filed p	ursuant to	Section 1	6(a) of the	e Securit	ies E	xchang	e Act of 1934,			
obligation may cont				•	•	· ·		1935 or Section	1		
See Instru		30(h)	of the In	vestment	Compar	iy Ac	t of 194	-0			
1(b).											
(Print or Type F	Responses)										
(
1. Name and A	ddress of Reportin	g Person <u>*</u>	2. Issuer	Name and Ticker or Trading				5. Relationship of Reporting Person(s) to			
Idrovo Javier H Symbol								Issuer			
			HERSH	EY CO []	HSY]			(Chaol	r oll onnligghig	`	
(Last)	(First)	(Middle)	3. Date of	Earliest Tr	ansaction			(Chech	k all applicable)	
			(Month/D	ay/Year)				Director	10%	Owner	
100 CRYST	CAL A DRIVE		10/28/2	016				XOfficer (give below)	title Other below)	er (specify	
								· · · · · · · · · · · · · · · · · · ·	Accounting Of	ficer	
	(Street)		4. If Ame	ndment, Da	te Origina	1		6. Individual or Jo	int/Group Filin	g(Check	
				nth/Day/Year	-			Applicable Line)		0(
								_X_Form filed by C			
HERSHEY,	PA 17033							Form filed by M Person	ore than One Re	porting	
(City)	(State)	(Zip)	Tabl	a I. Mara D	!	C	•••••• • • • •	uired, Disposed of	an Danafiaial	les Oenne d	
							-	· •		•	
1.Title of Security	2. Transaction Da (Month/Day/Yea		med on Date, if	3. Transactio	4. Securi			5. Amount of Securities	6. Ownership Form: Direct		
(Instr. 3)	(Wondie Day) i ca	any	in Date, ii	Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)						Beneficial	
		(Month/	Day/Year)	(Instr. 8)				Owned	Indirect (I)	Ownership	
								Following Reported	(Instr. 4)	(Instr. 4)	
						(A)		Transaction(s)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common	10/00/0016						\$	24.206	D		
Stock	10/28/2016			М	6,448	А	60.68	34,396	D		
Common											
Stock	10/28/2016			S <u>(1)</u>	6,448	D	\$ 100	27,948	D		

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.

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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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. 5. Number Transaction Derivative Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount o Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amoun or Numbe of Shares
Non-qualified Stock Option (Right to Buy)	\$ 60.68	10/28/2016		М	6,448	(2)	02/20/2022	Common Stock	6,448

Reporting Owners

Reporting Owner Name / Addre	SS	Relationships						
	Director	10% Owner	Officer	Other				
Idrovo Javier H 100 CRYSTAL A DRIVE HERSHEY, PA 17033			VP, Chief Accounting Officer					
Signatures								
Javier H. Idrovo	10/31/2016							

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

Date

- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on August 31, 2016.
- (2) The options vested according to the following schedule: 25% vested on February 21, 2013, 25% vested on February 21, 2014, 25% vested on February 21, 2015 and 25% vested on February 21, 2016.

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.

<u>**</u>Signature of Reporting Person