HERSHEY CO Form 4 April 05, 2017

FORM 4

OMB APPROVAL

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Number: 3235-0287

Check this box if no longer subject to Section 16. Form 4 or

Expires: January 31, 2005

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per response... 0.5

Form 4 or Form 5 obligations may continue. See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Add Buck Michele	•	ng Person *	2. Issuer Name and Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issuer		
			HERSHEY CO [HSY]	(Check all applicable)		
(Last)	(First)	(Middle)	3. Date of Earliest Transaction			
100 CRYSTA	L A DRIVE	,	(Month/Day/Year) 04/03/2017	X Director 10% OwnerX Officer (give title Other (specify below) President and CEO		
	(Street)		4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check		
HERSHEY, PA 17033			Filed(Month/Day/Year)	Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		
(City)	(State)	(Zip)	Table I. Nov. Davinskins Commission Ass.			

								CISOII		
	(City)	(State)	(Zip) Tabl	e I - Non-D)erivative	Secur	rities Acqui	ired, Disposed of,	or Beneficiall	y Owned
Sec (Ins	itle of urity tr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactio Code (Instr. 8)	4. Securion(A) or Di (Instr. 3,	spose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Co: Sto	mmon ock	04/03/2017		M	2,000	A	\$ 60.68	168,897	D	
Co	mmon ock	04/03/2017		S <u>(1)</u>	2,000	D	\$ 108.93	166,897	D	
Co	mmon ock							173.5903 (2)	I	401(k) Plan

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

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number.

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)	or Ex Price	version xercise e of vative	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,		nsaction of Derivative Expiration Date de Securities (Month/Day/Year) str. 8) Acquired (A) or Disposed of (D)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
					Code V	and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amoun or Numbe of Shares
Non-qua Stock Op (Right to	otion \$6	60.68	04/03/2017		M	2,000	(3)	02/20/2022	Common Stock	2,000

Reporting Owners

Reporting Owner Name / Address	lationships
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Director 10% Owner Officer Other

Buck Michele

100 CRYSTAL A DRIVE X President and CEO

HERSHEY, PA 17033

Signatures

/s/ James Turoff, Agent for Michele G.
Buck
04/05/2017

**Signature of Reporting Person 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).
- (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.
- The total amount of securities reported as indirectly owned by the reporting person includes .8122 shares acquired from March 1, 2017 (2) through March 31, 2017, pursuant to the Company's 401(k) Plan ("Plan"). The information is based on a report dated April 1, 2017, provided by the Plan Trustee.
- (3) 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.

Reporting Owners 2