Edgar Filing: WALLING KEVIN R - Form 4

WALLING VEVINID

Form 4		ĸ										
February 25,	2019											
FORM 4 UNITED STATES SECUR					RITIES AND EXCHANGE COMMISSION					OMB APPROVAL		
	0	NITED 3	SIAIES		shington,			INGE U	UNIMISSION	OMB Number:	3235-0287	
Check this box					·····B····,	2.0.20		Expires:	January 31,			
if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction		STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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							Estimated average burden hours per response 0.5			
1(b).	uction		()			- -	5					
(Print or Type I	Responses)										
WALLING KEVIN R Syr			Symbol	r Name and IEY CO [Tradi	0	5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First				Earliest Transaction				(Check all applicable)			
(Monti					th/Day/Year)				Director 10% Owner Officer (give title Other (specify below) SVP Chief HR Officer			
				endment, Date Original nth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
HERSHEY,	, PA 170	33							Form filed by M Person			
(City)	(State	2)	(Zip)	Tabl	le I - Non-D	Derivative	Secur	ities Acqu	ired, Disposed of,	or Beneficial	y Owned	
1.Title of Security (Instr. 3)		ction Date Day/Year)	2A. Deem Execution any (Month/D	ed Date, if	3. Transactio Code (Instr. 8) Code V	4. Securit n(A) or Di (Instr. 3,	ties Ad sposed	cquired 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	
Common Stock	02/22/2	019			F	210	D	\$ 110.22	34,907	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.

 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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Tit Amou Under Secur (Instr	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna 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							
	Director	10% Owner	Officer	Other				
WALLING KEVIN R 19 E. CHOCOLATE AVENUE HERSHEY, PA 17033			SVP Chief HR Officer					
Signatures								
/s/ James Turoff, Agent for Kevin Walling	n R.	02/	/25/2019					
<u>**</u> Signature of Reporting Person			Date					
Evalenction of Dec	nono	001						

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).

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.