

Edgar Filing: EVARTS C MCCOLLISTER - Form 4

EVARTS C MCCOLLISTER

Form 4

September 06, 2002

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

FORM 4  
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue.

1. Name and Address of Reporting Person(s)  
Everts, C. McCollister, M.D.  
100 Crystal A Drive

Hershey, PA 17033

2. Issuer Name and Ticker or Trading Symbol  
Hershey Foods Corporation (HSY)  
3. I.R.S. Identification Number of Reporting Person, if an entity (Voluntary)

4. Statement for Month/Year  
04/02

5. If Amendment, Date of Original (Month/Year)

6. Relationship of Reporting Person(s) to Issuer (Check all applicable)  
 Director  10% Owner  
 Officer (give title below)  Other (specify below)

7. Individual or Joint/Group Filing (Check Applicable Line)

Form filed by One Reporting Person  
 Form filed by More than One Reporting Person

Table I Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1) Title of Security	2) Trans- action Date (Month/ Day/Year)	3. Trans- action Code Code V	4. Securities Acquired (A) or Disposed of (D) Amount	A or D Price
Common Stock	01/01/02	A V	147.2320	A
Common Stock	04/01/02	A V	48.4070	A

Table II (PART 1) Derivative Securities Acquired, Disposed of, or Beneficially Owned (Columns 1 through 6)

1) Title of Derivative Security	2) Conversion or Exercise Price of Derivative Security	3) Trans- action Date	4) Trans- action Code Code V	5) Number of Derivative Securities Acquired (A) or Disposed of (D) A D
------------------------------------	--	-----------------------------	---------------------------------------	--

Table II (PART 2) Derivative Securities Acquired, Disposed of, or Beneficially Owned (Columns 1,3 and 7 through 11)

Edgar Filing: EVARTS C MCCOLLISTER - Form 4

1) Title of Derivative Security	3) Transaction Date	7) Title and Amount of Underlying Securities	8) Price of Derivative Security
-		Title	Amount or Number of Shares

---

SIGNATURE OF REPORTING PERSON  
/S/ Evarts, C. McCollister, M.D.  
DATE 08/21/02