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HESS CORI Form 4 May 22, 201											
FORM	ЛЛ									OMB AF	PPROVAL
	UNITED S	STATES						GE C	OMMISSION	OMB Number:	3235-0287
Check this box if no longer subject to Section 16. SECURITIES									Expires: Estimated a burden hou response	•	
(Print or Type]	Responses)										
1. Name and A HESS JOH	Address of Reporting I N B	Person <u>*</u>	2. Issuer Symbol HESS C			Ticker or T	rading		5. Relationship of Issuer		
(Last)	(Che						(Chec	ck all applicable)			
	PORATION, 118 OF THE AMERIC		(Month/D 05/21/20	-	r)				X Director X Officer (give below) Chairman o	title Other below)	er (specify
				nth/Day/Year)					 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 		
(City)		(Zip)							Person		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deer Executio any	ned	a I - Non-Derivative Securities Acq 3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A)				uired	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of
				Code	V	Amount	or (D)	Price	(Instr. 3 and 4)		
Common Stock, \$1.00 par value	05/21/2012			J <u>(1)</u>		161,967	D	\$ 0	0	I <u>(2)</u>	See Note 2
Common Stock, \$1.00 par value	05/21/2012			J <u>(1)</u>		161,967	A	\$ 0	495,402	D	
Common Stock, \$1.00 par value	05/22/2012			J <u>(3)</u>		200,000	D	\$ 0	295,402 <u>(4)</u>	D	

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Common							
Stock, \$1.00 par	05/22/2012	J <u>(3)</u>	200,000 A	\$0	200,000 (5)	Ι	See Note 5
value							

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)

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. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	ate	7. Titl Amou Under Secur (Instr.	ınt of rlying	8. Price of 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				
1 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Director	10% Owner	Officer	Other
HESS JOHN B HESS CORPORATION 1185 AVENUE OF THE AMERICAS NEW YORK, NY 10036	Х	Х	Chairman of the Board and CEO	
Signatures				
George C. Barry for John B. Hess	05/22/201	2		
**Signature of Reporting Person	Date			
Explanation of Respo	nses:			

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) Distributed from a previously reported trust referred to in Note 2. This transaction represents a change only in the nature of beneficial ownership.

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- (2) Held by a previously reported trust established for the benefit of the reporting person. The reporting person is the trustee of the trust.
- (3) Contributed to a newly established trust referred to in Note 5. This transaction represents a change only in the nature of beneficial ownership.

This amount includes 181,198 shares held in escrow pursuant to the Corporation's 2008 Long Term Incentive Plan. The reporting person

- (4) has only voting power of these shares until the lapsing of the period set by the Committee administering the Plan at which time the shares plus accrued dividends will be delivered to the reporting person if he is still an employee of the Corporation.
- (5) Held by a newly established trust established for the benefit of the reporting person. The reporting person is the trustee of the trust.

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.