FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0104 | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response: | 0.5 | | | | | | | |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* Ryerkerk Lori 1. Name and Address of Reporting Person* Requiring Statem (Month/Day/Year) 11/05/2008 | | | | nent | 3. Issuer Name and Ticker or Trading Symbol HESS CORP [HES] | | | | | | | |
|--|--------------------------------------|--------|--|-------------------|--|---|---|-----------------|--|---|---|--|
| (Last) HESS CORPO |) (First) (Middle) SS CORPORATION | | | | Relationship of Reporting Pers (Check all applicable) Director | | 10% Owner | | 5. If Amendment, Date of Original Filed (Month/Day/Year) | | | |
| 1185 AVENU | E OF THE AM | ERICAS | | | X | Officer (give title below) | Other (spe | ecify | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | |
| (Street) NEW YORK | NY | 10036 | | | | Senior Vice Pres | sident | | X | | y One Reporting Person y More than One erson | |
| (City) | (State) | (Zip) | | | | | | | | | | |
| Table I - Non-Derivative Securities Beneficially Owned | | | | | | | | | | | | |
| 1. Title of Security (Instr. 4) | | | | | | nt of Securities ally Owned (Instr. 4) | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | | 4. Nature of Indirect Beneficial Ownership (Instr. 5) | | | |
| Common Stock, \$1.00 par value | | | | | | 0 | D | | | | | |
| Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 4) | | | 2. Date Exercisable and Expiration Date (Month/Day/Year) | | d 3. Title and Amount of Secur Underlying Derivative Secur | | | 4. Conve | rcise | 5. Ownership Form: | 6. Nature of Indirect Beneficial Ownership (Instr. 5) | |
| | | | Date Exercisable | Expiratio Date | n Title | | Amount or Number of Shares | Price of Deriva | tive | Direct (D) or Indirect (I) (Instr. 5) | | |

Explanation of Responses:

Remarks:

<u>George C. Barry for Lori</u> <u>Ryerkerk</u>

11/05/2008

** Signature of Reporting Person

Date

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

- * If the form is filed by more than one reporting person, see Instruction 5 (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.

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 Number.