FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERS

		MR APPI	ROVAL				
NEFICIAL OWNERSHIP	OMB N	OMB Number: 3235-028					
	Fetimat	Estimated average hurden					

hours per response:

0.5

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(b).

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*  ORNSTEIN LAWRENCE H					2. Issuer Name and Ticker or Trading Symbol HESS CORP [ HES ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner							
	ORPORAT	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/06/2011									X	Officer (give title below) Senior Vi		Other below)		(specify	
(Street) NEW YORK NY 10036					4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person						
(City)	(S	tate)	(Zip)																		
		Tab	le I - Noi	n-Deriv	vativ	e Se	curit	ies Ac	quire	l, Di	sp	osed o	f, or Be	nefici	ally	Owned					
1. Title of Security (Instr. 3)  2. Transa Date (Month/L				Execution Date,		Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			4 and Securiti Benefic		es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)					
								Cod	Code V		Amount	(A) o (D)	Price		Transact (Instr. 3	ion(s)			(111511.4)		
Common Stock, \$1.00 par value 06/06					6/201	2011		M <sup>(1</sup>			18,000	) A	\$5	3.2	97,638			D			
Common Stock, \$1.00 par value 06/06/				6/201	/2011			S			18,000	) D	\$75	.41	1 79,638(2)			D			
		-	Table II -										or Ben ole secu			wned					
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	Date,	4. Transactio Code (Inst				6. Date Exercis. Expiration Date (Month/Day/Yea				7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)		S	d. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transaction (Instr. 4)	Ow For Ily Dir Or I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A) (D)	Date Exercis	able	Ex Da	piration ate	Title	Amour or Number of Shares	er							
Option to purchase Common	\$53.2	06/06/2011			M			18,000	02/07/2	008	02	2/07/2017	Common Stock, \$1.00 par	18,00	0	\$0.00	0		D		

## **Explanation of Responses:**

- 1. Common Stock acquired upon exercise of options granted under the Corporation's Second Amended and Restated 1995 Long-Term Incentive Plan.
- 2. This amount includes 41,070 shares held in escrow pursuant to the Corporation's 2008 Long-Term Incentive Plan and Second Amended and Restated 1995 Long-Term Incentive Plan. The reporting person has only voting power of these shares until 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.

## Remarks:

George C. Barry for Lawrence H. Ornstein 06/07/2011

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.

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.