FORM 5

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

OWNERSHIP

| Washington, | D.C. | 20549 |
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| ANNUAL | STATEMENT | OF CHANGES II | N BENEFICIAL |
|--------|-----------|---------------|--------------|

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0362 | | | | | | | |
| Estimated average burden | | | | | | | | |

1.0

hours per response:

Form 3 Holdings Reported.

Instruction 1(b)

| Form 4 | Transactions R | Reported. | File | ed pursuant to or Sectior | | | | | ities Excha ompany Ac | | | | | | | | |
|--|--|--|---|---|---|-----------------|------------------|--------|--|---|------------------------------|---|---|-----------------|---|---|--------------|
| Name and Address of Reporting Person* Quigley James H. | | | | 2. Issuer Name and Ticker or Trading Symbol HESS CORP [HES] | | | | | 5. Relationship of Reporti (Check all applicable) X Director | | | ing Pe | . , | Issuer Owner | | | |
| | (Fir | ON | Middle) | | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2014 | | | | | /Year) | Officer (give titl below) | | | | Othe belov | r (specify v) | |
| 1185 AVENUE OF THE AMERICAS (Street) | | | | 4. If Amen | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | |
| NEW YC | ORK NY | <i>?</i> 1 | .0036 | - | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (City) | (Sta | | Zip) | | | | | - J D: | | -6 | Donofic | | . 0 | -1 | | | |
| 1. Title of Se | curity (Instr. 3 | | e I - Non-Deriv | 2A. Deemed | _ | 2S AC | quir | | | | or Disposed | _ | | | 6. | | 7. Nature of |
| `` ´ c | | Date (Month/Day/Year) | Execution Date, if any (Month/Day/Year) | | Transaction Code (Instr. | | | | | · | Securiti Benefic | | es ially | | : Direct | Indirect Beneficial Ownership (Instr. 4) | |
| | | | (MOIIIII/Day/Tear) | | 8) | | Amoun | t | (A) or (D) | Price | | Issuer's | ssuer's Fiscal Indi Year (Instr. 3 and (Ins | | ect (I) | | |
| Common Stock, \$1.00 par value | | 05/01/2014 | | L ⁽¹⁾ | | l) | | 15 | A | \$89.06 | | 4,714 | | | D | | |
| Common | Stock, \$1.0 | 0 par value | 05/30/2014 | | | L ⁽¹ | l) | : | 11 | A | \$91.41 | 91.41 4,725 D | | | | | |
| Common | Stock, \$1.0 | 0 par value | 07/17/2014 | | | L ⁽¹ | l) | | 3 | A | \$100.0 | 00.06 4,728 D | | | | | |
| Common | Stock, \$1.0 | 0 par value | 08/05/2014 | | | L ⁽¹ | l) | | 3 | A | \$99.64 | | 4,731 | | | D | |
| | 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) | Execution Date, Transaction of | | ative rities ired osed . 3, 4 | Expir (Mon | te Expiration of | | | unt of urities erlying vative urity (Instr. 3 4) Amount or Number of | De Se (In | Price of erivative ecurity estr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

1. Acquisitions made in an account as to which reporting person did not have investment power.

Remarks:

George C. Barry for James H. Quigley

02/13/2015

** 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 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.