FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

heck this box if no longer subject to
ection 16. Form 4 or Form 5
oligations may continue. See

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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

	Security						(A) or Disposed of (D) (Instr. 3, 4 and 5)		Date I			Amoun or Numbe of		nt		Following Reported Transaction (Instr. 4)	(I) (Instr. 4)		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,	4. Transa Code (8)		n of Er. Derivative (Securities Acquired		6. Date Exercisa Expiration Date (Month/Day/Yea		•	7. Title and Amount of Securities Underlying Derivative		Deri Sec (Ins		9. Number of derivative Securities Beneficially Owned	Ownership Form: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
		Ta	able II - I (sed of, onvertib				wned				
Common Stock, \$1.00 par value 11/2					1/2007				S		300	D \$71.2		71.25	236,642(2)		D		
Common	Stock, \$1.0	0 par value		11/2	1/2007	,			S		200		D \$	71.22	22 236,942 D				
Common	Stock, \$1.0	0 par value		11/2	1/2007	,			S		200		D \$	71.18	2	37,142	D		
Common	Stock, \$1.0	0 par value		11/2	1/2007	,			S		300		D §	71.16	2	37,342	D		
Common	non Stock, \$1.00 par value 11/.			11/2	1/2007	/2007					400 D \$		71.15	237,642		D			
Common	Common Stock, \$1.00 par value			11/21/2007					S		200 D \$		71.13	238,042		D			
Common	mon Stock, \$1.00 par value 11/21/200			1/2007	007			S ⁽¹⁾		700	700 D \$7		71.12	2 238,242		D			
			(Month/D		Day/Yea		if any (Month/Day/Year)		Code (Instr. 8)		Amount (A) or (D)		Report Transa		d Following	(D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
1. Title of S	2. Transaction Date		2 E	2A. Deemed Execution Date,		Transaction Dispos		4. Securit	urities Acquired (A) or sed Of (D) (Instr. 3, 4 ar			or 5. Amount of Securities		6. Ownership Form: Direct	7. Nature of Indirect				
(City)	(St	ate) ((Zip)																
NEW YC	ORK N	Y 1	10036		-										Form filed by More than One Reporting Person				
(Street)							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				
1185 AV																			
(Last) HESS CO	(Fi ORPORATI	· ·	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 11/21/2007									Executive Vice President					
1. Name and Address of Reporting Person* WALKER F BORDEN					2. Issuer Name and Ticker or Trading Symbol HESS CORP [HES]									(Check	tionship of Reporting all applicable) Director Officer (give title below)		10% C Other below)	(specify	

Explanation of Responses:

- 1. The sales of shares set forth herein are made in connection with a selling plan dated June 26, 2007 that is intended to comply with Rule 10b5-1.
- 2. This amount includes 212,500 shares held in escrow pursuant to the Corporation's 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 F. Borden Walker

11/26/2007

** 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.