FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APP	ROVAL
OMP Number:	3235 0

OMB Number: 3235-0287 Estimated average burden 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(h)

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

					_																
1. Name and Address of Reporting Person* BIGLIN ROBERT M.						2. Issuer Name and Ticker or Trading Symbol HESS CORP [HES]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
BIGLI	<u> 1 KOBE</u>	<u>K1 M.</u>			1			_ L -								Direc	tor		10% O	wner	
					2 0									_	X	Office			Other (specify below)		
(Last)	(First)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year)											Trea	ısurer			
HESS CORPORATION					102/0	02/05/2013									Heasurer						
1185 AVENUE OF THE AMERICAS																					
TIOS AVEIVOE OF THE MINERICAS				4 If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable							
(0)					`			Date .	o. Og		a (o	.,,	,		Line)						
(Street)			10000												X Form filed by One Reporting Person						
NEW YO	ORK I	ΙΥ	10036													Form	n filed by Mor	e than On	- e Ren	ortina	
															Form filed by More than One Reporting Person						
(City)	(State)	(Zip)																		
		Та	ble I - N	on-Deriv	ative	Secu	uritie	s Ac	quire	d, Di	sposed o	f, or	Ве	nefici	ally C	Owne	ed				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day)						Execution Date,					s Acquired (A) or of (D) (Instr. 3, 4 a			and 5) Secur Benef		icially d Following	6. Owners Form: Dir (D) or Ind (I) (Instr.	ect irect	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	(A) (D)	or	Price		Transaction(s) (Instr. 3 and 4)				(111501.4)		
Common Stock, \$1.00 par value 02/05/20					013		S ⁽¹⁾		949	D \$66.		\$66.5	083 16,458(2)		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)) if any		4. Transac Code (II 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Expirat (Month	tion Da		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		f s g e lnstr. 3	8. Prio Derivi Secui (Instr.	vative urity r. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	(D) irect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Date		Expiration		O	umber							

Explanation of Responses:

- 1. Shares sold solely to satisfy tax withholding on vesting of shares of restricted stock.
- 2. This amount includes 9,408 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 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.

Remarks:

George C. Barry for Robert M.

Biglin

** Signature of Reporting Person

02/07/2013

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.