FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
- 1	Estimated average I	hurdon								

0.5

hours per response:

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(b) of the Investment Company Act of 1940

						UI V	Secu)06 1101.	i) oi tile	IIIVESIIII	iii CC	ilipally Act	01 13	740							
Name and Address of Reporting Person* Turner Michael P. Turner Michael P. Turner Michael P. Turner Michael P.							2. Issuer Name and Ticker or Trading Symbol HESS CORP [HES]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>Turner Michael R</u>																Direc	ctor		10% O	wner	
						-										X	Officer (give title below)			Other (specify	
(Last)	((First) (1	Middle)					est Trans	saction (I	Month	/Day/Year)					belov	,		below)	
HESS CORPORATION						03/	03/04/2019									Senior Vice President					
1185 AVENUE OF THE AMERICAS																					
						4 16	4. If Amondment, Date of Original Filed (Month/Day/Mear)									C. Individual or Joint/Croup Filips (Charles Assets					
						- 4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)																X Form filed by One Reporting Person					
NEW YORK NY 10036														Form filed by More than One Reporting							
						-											Pers		ie iliali	i One Rep	orang
(City)	((State	e) (2	Zip)																	
			Tabl	e I - Nor	n-Deriv	ative	Se	ecurit	es Ac	quired	, Dis	sposed c	of, o	r Ben	efici	ally (Owne	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					n/Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		Code	Transaction Disp Code (Instr. 5)		Securities Acquired (A) posed Of (D) (Instr. 3,			4 and Sec Be		Amount of ecurities eneficially wned Following		nership : Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
										Code	v	Amount		(A) or (D)	Price	•	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock, \$1.00 par value 03/04/						4/2019	9					1,168	8	D \$5		8.9 86,742(2		5,742(2)		D	
			Ta									osed of,					vned				
				(e.g., p	uts, c	alls	s, wa	rants,	optio	ns, c	onvertib	ole s	securi	ties)						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	e (3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,		Transaction Code (Instr.		of		6. Date Exercis: Expiration Date (Month/Day/Yea		7. Title and Amount of Securities Underlying Derivative Security (Instr and 4)					9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownersh Form: Direct (D or Indirec (I) (Instr.	wnership orm: irect (D)	Beneficial Ownership (Instr. 4)
						Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Titl	or Nu of	ount mber ares						

Explanation of Responses:

- 1. Shares sold solely to satisfy tax withholding on vesting of shares of restricted stock.
- 2. This amount includes 29,007 shares held in escrow pursuant to the Corporation's Long Term Incentive Plans. The reporting person has only voting power of these shares until lapsing of the period set by the Committee administering the Plans 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:

Barry Schachter for Michael R. Turner 03/05/2019

** 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.