FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average h | nurden | | | | | | | | |

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(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* Ziolo Mykel J. | | | | | 2. Issuer Name and Ticker or Trading Symbol HESS CORP [HES] | | | | | | | | | | heck | all app Direc | | g Person | 10% C | wner |
|--|--|--|---|----------|--|--|--------|---------------------------------|----------------------|-----------------|---------|--|-----------|--------|--|---|---|--|-------------------------------|--|
| (Last) (First) (Middle) 1185 AVENUE OF THE AMERICAS | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/06/2013 | | | | | | | | | | X | Officer (give title Delow) Senior Vice President | | | | |
| (Street) NEW YC (City) | | | 10036 Zip) | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Lir | | dual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tabl | e I - No | n-Deriva | ative | Sec | uritie | s Acc | quired | l, Dis | posed o | f, or | Ben | eficia | lly C |)wne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | Execution Date | | | Date, | Transaction Disposed | | | ties Acquired (A) o d Of (D) (Instr. 3, 4 | | | l and 5) Se Be Ov | | Securities Beneficially | | rship rect direct 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | Code | v | Amount | (A) or (D) Prio | | Price | - 1 | Transaction(s) (Instr. 3 and 4) | | | | (111511.4) |
| Common | Stock, \$1.0 | 0 par value | | 08/06/2 | 2013 | | | | S | | 30,000 | 30,000 D \$74.003 44,850 ⁽¹⁾ 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, if any (Month/Day/Year) | | Code (Ir | 5. Number of Derivativ Securitie Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | ative rities ired osed | 6. Date | ion Da Day/Y | | 7. Title and Amount of Securities Underlying Derivative Security (Instrand 4) Amou or Numb of Title | | ount | 8. Prio Deriva Secui (Instr. | ative rity | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Own Form Direc or In (I) (Ir | | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |

Explanation of Responses:

1. This amount includes 28,056 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:

<u>George C. Barry for Mykel J.</u> <u>Ziolo</u>

08/07/2013

** 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.