FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

wasiiiigion,	D.C.	2034

Check this box if no longer subject to Section 16. Form 4 or Form 5	STATEMENT OF CHANGE
obligations may continue. See	
Instruction 1(b).	Filed pursuant to Section 16(a)

TATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

OMB APPROVAL

OMB Number: 3235-0287

Estimated average burden hours per response: 0.5

ad Addrage of																
1. Name and Address of Reporting Person* SANDISON GEORGE (Last) (First) (Middle) HESS CORPORATION 1185 AVENUE OF THE AMERICAS			2. Issuer Name and Ticker or Trading Symbol HESS CORP [HES]								Check all app Direc	olicable) ctor		Owner		
			3. Date of Earliest Transaction (Month/Day/Year) 02/02/2009							- X Officer (give title Other (specify below) Senior Vice President						
				4. If Amendment, Date of Original Filed (Month/Day/Year)							ne) X Forn Forn	,				
	Tabl	e I - Nor	n-Deriv	ative \$	Secui	ities Ac	quired,	Dis	posed o	of, or	Ben	eficia	ally Own	ed		
Date			Date	nth/Day/Year) if		ution Date,	Transaction Dispos		Disposed				nd Secur Benef Owne	urities eficially ed Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
							Code	v	Amount	(A) or (D)		Price	Troncostion(s)			(11150.4)
Common Stock, \$1.00 par value 02/0			02/02	/2009			S ⁽¹⁾		3,256	5	D	\$53	\$53.96 53,28		D	
	Та												y Owned			
Derivative Conversion Date Execution Security or Exercise (Month/Day/Year) if any		Date, Transaction Code (Instr.		tion on str. I	of Derivative Securities Acquired (A) or Disposed of (D) Instr. 3, 4	Expiration Date		and 4)				derivative Securities Beneficially Owned Following Reported	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
	(FICORPORATE OF ORK NOTE OF OR	(First) (CORPORATION ZENUE OF THE AMERICA ORK NY (State) (Conversion or Exercise Price of Derivative (Month/Day/Year)	(First) (Middle) CORPORATION VENUE OF THE AMERICAS ORK NY 10036 (State) (Zip) Table I - Nor Security (Instr. 3) 1 Stock, \$1.00 par value Table II - L Conversion or Exercise Price of Derivative (Month/Day/Year) (Month/Day/Year)	(First) (Middle) CORPORATION ZENUE OF THE AMERICAS ORK NY 10036 (State) (Zip) Table I - Non-Deriv Security (Instr. 3) 2. Transa Date (Month/E (Month/E Conversion or Exercise Price of Derivative (Month/Day/Year) Price of Derivative (Month/Day/Year)	(First) (Middle) 3. Da 02/0 CORPORATION VENUE OF THE AMERICAS A. If A (State) (Zip) Table I - Non-Derivative Security (Instr. 3) 2. Transaction Date (Month/Day/Year) Table II - Derivative Se (e.g., puts, cather) Conversion or Exercise Price of Derivative (Month/Day/Year) Conversion or Exercise Price of Derivative (Month/Day/Year) (Month/Day/Year) 3. 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Explanation of Responses:

- 1. Shares sold to satisfy tax withholding on vesting of shares of restricted stock.
- 2. This amount includes 29,200 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.

Date

Exercisable

(D)

Remarks:

<u>George C. Barry for George F.</u> Sandison

Number

of Shares

Title

02/03/2009

** (

Expiration

** 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.