FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPRO | VAL | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | |
| l | Estimated average burden | | | | | | | | |
| l | 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(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

| | | | | | | | ` | <i>'</i> | | | · · | | | | | | | | | | |
|---|---|--|---|---------|---------------------------------|--|---------|---|---|-------------------|----------------------|--|-----------------|----------------------|--|--|---|---|-----------------------|--|--|
| 1. Name and Address of Reporting Person* MATTHEWS CRAIG G | | | | | | 2. Issuer Name and Ticker or Trading Symbol HESS CORP [HES] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| | | | | | | | | | | | | | | | X | Direc | ctor | | 10% Owner | | |
| (Last) (First) (Middle) HESS CORPORATION | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/03/2010 | | | | | | | | | | Office | er (give title v) | | Other (specify below) | | |
| 1185 AVENUE OF THE AMERICAS | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | |
| (Street) NEW YORK NY 10036 | | | | | - | and the state of original rilea (Monanday) four) | | | | | | | | | Line) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | | |
| (City) | (| State) | (Zip) | | - | | | | | | | | | | | Pers | on | | | | |
| | | Ta | ble I - No | n-Deri\ | /ative | Se | ecuriti | es Ac | quired | , Dis | posed c | f, o | r Ben | efici | ally C | Owne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | Day/Year) if | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Dispo | | rities Acquired (A ed Of (D) (Instr. 3, | | | 4 and Secu Bend Own | | cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | | v | Amount | | (A) or (D) | Price | . 1 | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common Stock, \$1.00 par value 02/03/ | | | | | | 0 | | | | | 2,495 | 5 | A | A \$0.0 | | 00 24,976 | | Г |) | | |
| | | | Γable II - I | | | | | | | | osed of, onvertib | | | | | ned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/D | n Date, | Date, Transaction Code (Inst | | | | 6. Date Exercisa Expiration Date (Month/Day/Yea | | e | 7. Title and Amount of Securities Underlying Derivative Security (Instrand 4) | | str. 3 | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owners Form: Direct (or India (I) (Inst | m: ect (D) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercis | | Expiration Date | Title | or Nur of | ount nber ires | | | | | | | |

Explanation of Responses:

1. Granted pursuant to Rule 16b-3(d).

Remarks:

George C. Barry for Craig G.

02/05/2010

Matthews

** 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.