FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

vvasningtor	1, D.C.	20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* <u>HESS JOHN B</u>						2. Issuer Name and Ticker or Trading Symbol HESS CORP [HES]									Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director					
(Last) (First) (Middle) HESS CORPORATION 1185 AVENUE OF THE AMERICAS				3. Date of Earliest Transaction (Month/Day/Year) 09/29/2009										belov	er (give title v) rman of the	e Boar	below)			
(Street) NEW YO (City)			10036 Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									ine) X	ual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tabl	e I - Nor	n-Deriv	ative	Se	curit	ies Ac	quired	, Dis	posed o	f, or	Bene	eficia	ally O	wne	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				eay/Year) Exec		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Code (Instr. 5						4 and Se		. Amount of ecurities eneficially wned Following		nership Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	unt (A) or P		Price	, т	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock, \$1.00 par value 09/29/2				/2009	2009			J ⁽¹⁾		349,67	70	D	\$0.	.00	150,330 ⁽²⁾			I	See Note 2	
Common Stock, \$1.00 par value 09/29/				/2009				J ⁽¹⁾		349,670 A \$		\$0.	.00	885,175(3)			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)	e Conversion or Exercise Price of Derivative Security Date (Month/Day/Year) Date (Month/Day/Year) If any (Month/Day/Year) Month/Day/Year) Security		Transa Code (Instr	on of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration (Month/I	6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title		ount nber	nt er		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ov Fo Di or (I)	wnership orm: rect (D) Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

Explanation of Responses:

- 1. Distributed from a previously reported trust referred to in Note 2. This transaction represents a change only in the nature of beneficial ownership.
- 2. Held by a previously reported trust established by the reporting person for the benefit of himself. The reporting person is the trustee of the trust.
- 3. This amount includes 284,150 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 John B. Hess

09/30/2009

** 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.