FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: 3235-0287

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 ]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director X 10% Owner						
(Last) (First) (Middle) HESS CORPORATION 1185 AVENUE OF THE AMERICAS						3. Date of Earliest Transaction (Month/Day/Year) 09/13/2007											belov	er (give title w) rman of the	e Boa	below)		
(Street)  NEW YORK  NY  10036  (City) (State) (Zip)					-   4. If -	4. If Amendment, Date of Original Filed (Month/Day/Year)											Forn Forn	al or Joint/Group Filing (Check Applicable orm filed by One Reporting Person orm filed by More than One Reporting erson				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																						
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)						ar)	2A. Deemed Execution Date, if any (Month/Day/Year)		Cod	Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4				4 and Secur Benef		icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
							le V		Amount		(A) oı (D)	r Pric	е	Transa	saction(s) r. 3 and 4)			(111501.4)				
Common Stock, \$1.00 par value 09/13/3										.)		200		D	\$64	64.17		,152,070		D		
Common Stock, \$1.00 par value 09/13/						7						400		D	\$64	\$64.33		1,151,670		D		
Common Stock, \$1.00 par value 09/13/						2007						100		D	\$64	\$64.47		1,151,570(2)		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)	if any	ecution Date, Tra			n of Deri Secu Acqu (A) o Disp	osed ) r. 3, 4	Expira (Mont	Date Exercisable and Expiration Date Month/Day/Year)  Date Expiration Date				7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amount or Numbe of Title Shares				9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	C F D O (I	0. Ownership orm: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

## **Explanation of Responses:**

- 1. The sales of shares set forth herein are made in connection with a selling plan dated July 30, 2007 that is intended to comply with Rule 10b5-1(c).
- 2. This amount includes 595,000 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 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 John B.</u> <u>Hess</u>

09/14/2007

\*\* Signature of Reporting Person

Date

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly \ or \ indirectly.$ 

- $^{\star}$  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.