FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OE | CHANGES | IN DENI | ELCIVI | OWNED | епір |
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| Check this box if no longer subject to |
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| Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Instruction 1(h) |

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* Zecher Linda Kay | | | | 2. Issuer Name and Ticker or Trading Symbol HASBRO INC [HAS] | | | | | | | | Relationship theck all appl X Direct | icable) or | g Perso | 10% Ov | vner | | |
|--|--|--|---|--|----------------------------|---|-------------------------|-------|--|--|---------------------------|---|--|---|---|---|---|---------------------------------------|
| (Last) (First) (Middle) C/O HASBRO, INC. | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/31/2017 | | | | | | | | | Office below | r (give title) | | Other (s below) | specify | |
| 1011 NEWPORT AVENUE (Street) PAWTUCKET RI 02861 | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (Oity) | (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Trans. Date | | | | 2. Transa | 2A. Deemed Execution Date, | | 3. Transa Code (l | ction | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5) | | red (A) or str. 3, 4 a | 5. Amount of Securities Beneficially Owned Following Reported | | Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | 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) | 3A. Deemed Execution E if any (Month/Day | Date, T | Code (Ins | | | | 6. Date Exercisal Expiration Date (Month/Day/Year | | Amount of | | f g Security | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Ownership Form: Direct (D) or Indirect | Beneficial Ownership (Instr. 4) |
| | | | | c | Code | v | (A) | (D) | Date Exercisable | | opiration | Title | Amount or Number of Shares | | | | | |
| Phantom Stock Units ⁽¹⁾ | \$0 ⁽²⁾ | 03/31/2017 | | | A | | 381 | | (3)(4) | | (3)(4) | Common Stock | 381 | \$99.82 | 4,889 | | D | |

Explanation of Responses:

- 1. All of the phantom stock units were acquired pursuant to the Hasbro, Inc. Deferred Compensation Plan for Non-Employee Directors in compliance with Rule 16b-3.
- 2. Units correspond 1 for 1 with common stock.
- 3. Units are settled only in cash and are payable after the reporting person ceases to be a director.
- 4. Vesting of 15 units will occur on the earlier of 12/31/2017 (provided reporting person is still a director as of such date) and the death, disability or retirement (after age 72) of the reporting person. Vesting of 15 units will occur on the earlier of 12/31/2018 (provided reporting person is still a director as of such date) and the death, disability or retirement (after age 72) of the reporting person. The remainder of the units are immediately vested.

Tarrant Sibley, P/O/A Linda K. Zecher 04/04/2017

** 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.