FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
-------------	------	-------

STATEMENT	OF CHANG	ES IN BENE	FICIAL (OWNERSHIP
SIAILMLINI	OF CHANG	CO IIA DEIAE	-FICIAL (JVVIVERSITIE

OMB APPROVAL OMB Number: Estimated average burden 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

										_									
Name and Address of Reporting Person* Zochov Lindo Way				2. Issuer Name and Ticker or Trading Symbol HASBRO INC [HAS]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Zecher Linda Kay													X	Direct	or		10% Ov	vner	
(Last)	(Fi	rst) ((Middle)			3. Date of Earliest Transaction (Month/Day/Year) 12/31/2015							Office below	r (give title)		Other (s below)	specify		
C/O HMH; 222 BERKELEY STREET																			
					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)														X		filed by One	Danc	orting Derec	, I
BOSTON	N M	A	02116										Form filed by More than One Reporting						
(City)	(Si	tate) ((Zip)											Perso	n				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				Execution Date			Code (Instr. 5)				ies Formially (D) (Following (I) (I		: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership					
						Code	v	Amount	(A) or (D) Prio		rice	Reporte Transac (Instr. 3	ction(s)			(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 (Month/Day/Year) 3. Transaction Date Execution Date, if any (Month/Day/Year)		I 4 Date, T	4. Transaction Code (Instr. 8)		of I		6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)			8	B. Price of Derivative Security Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
						of (D) (Instr. 3, 4 and 5)			of (D) (Instr. 3, 4					Transaction(s) (Instr. 4)					
				Ī									Amo or Num						
				0	Code	v	(A)	(D)	Date Exercisable	Da	piration ite	Title	of Shai	es					
Phantom Stock Units ⁽¹⁾	\$0 ⁽²⁾	12/31/2015			A		545		(3)(4)		(3)(4)	Common Stock	54	15	\$67.36	2,642		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 24 units will occur on the earlier of 12/31/2016 (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 for Linda 01/05/2016 K. Zecher

** Signature of Reporting Person

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.