FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Ĭ	OMB APPROVAL								
	OMB Number:	3235-0287							
	Estimated average burden								
	hours per response:	0.5							

Instruction 1(b).			File	d pursuant	to Section 16	(a) of t	the Se	curitie	es Exchai	nae A	ct of 193	34								
	. , ,					ion 30(h) of the														
1. Name and Address of Reporting Person* GREENBERG JACK M						2. Issuer Name and Ticker or Trading Symbol HASBRO INC [HAS]							(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
GILLINDLING JACK WI														X Dire			10% Owner			
(Last) (First) (Middle) 150 N MICHIGAN AVE					3. Date of Earliest Transaction (Month/Day/Year) 09/30/2005									Officer (give title below)		Other (specify below)				
150 IV MICHOAN AVE					4. If Am	If Amendment, Date of Original Filed (Month/Day/Year)							6. 1	6. Individual or Joint/Group Filing (Check Applicable						
(Street)												Line	Line)							
CHICAGO IL 60601														Form filed by One Reporting Person Form filed by More than One Reporting						
(Cit.) (Chat.) (7in)														Person						
(City) (State) (Zip)																				
		Tab	le I - Nor	n-Deriv	ative Se	curities A	cqui	red,	Disp	osed	of, o	r Bene	eficial	ly Own	ed					
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				Execution Date,		e, T				ecurities Acquired (A) losed Of (D) (Instr. 3, 4			Secur Bene Owne	icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	v	Amount	Amount (A) or (D)		Price	Trans	Reported Transaction(s) (Instr. 3 and 4)			(11150. 4)		
		Т				urities Acc s, warrant	•	•	•		•		-	Owne	i					
1. Title of Derivative Security	2. Conversion or Exercise	Conversion Date Execution Date,		Date,	ransaction of Ex			Date Exercisable and kpiration Date Amount of Securities				unt of		8. Price of Derivative Security	e derivative		0. Wnership orm:	11. Nature of Indirect Beneficial		

Expiration

(3)(4)

Date

Explanation of Responses:

Price of Derivative

Security

Security (Instr. 3)

Phantom

Units(1)

Stock

1. All of the phantom stock units were acquired pursuant to the Hasbro, Inc. Deferred Compensation Plan for Non-Employee Directors in accordance with Section 16b-3.

Securities

Acquired

(A) or Disposed of (D)

(Instr. 3, 4 and 5)

(A) (D)

828

8)

Code ٧

Α

- 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.

09/30/2005

if any (Month/Day/Year)

4. Vesting of 36 units will occur on the earlier of 12/31/05 (provided the 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 36 units will occur on the earlier of 12/31/06 (provided the 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.

Exercisable

(3)(4)

Tarrant Sibley, p/o/a for Jack M. Greenberg

Title

Common

Stock

Underlying Derivative Security

Amount Number

Shares

828

(Instr. 3 and 4)

Security (Instr. 5)

\$19.65

Following

(Instr. 4)

Reported Transaction(s)

7,456

Beneficially

Direct (D)

(I) (Instr. 4)

D

Ownership

(Instr. 4)

10/03/2005

** 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.