FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	. OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-028							

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	Check this box if no longer subject to
٦	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* SPIELVOGEL CARL						2. Issuer Name and Ticker or Trading Symbol HASBRO INC [HAS]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last)	Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 03/31/2004											Officer (give title below)			Other (specify below)	
(Street)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)										Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
(City)	(SI	tate)	(Zip)													Form filed by More than One Reporting Person					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					Execution Date,		е,	e, Transaction D Code (Instr. 5)		Dispose	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			Benefic Owned	ies For cially (D) Following (I) (: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	t (A) or (D)		Price	Transa	eported ransaction(s) nstr. 3 and 4)			(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 I if any (Month/Day	Date,	4. Transacti Code (Ins 8)				Exp	6. Date Exercisa Expiration Date (Month/Day/Year		Amount of		int of rities rlying ative So		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exe	e ercisable		piration ite	Title	0 N 0	Amount or Jumber of Shares						
Phantom Stock Units ⁽¹⁾	(2)	03/31/2004			A		251			(3)(4)		(3)(4)	Comn		251	\$21.75	6,773 ⁽⁵⁾		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 accordance with Section 16b-3.
- 2. Units correspond 1-for-1 with common stock.
- ${\it 3. Units are settled only in cash and are payable after the reporting person ceases to be a director.}\\$
- 4. Vesting of 10 units will occur on the earlier of 12/31/04 (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 10 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. The remainder of the units are immediately vested.
- 5. Does not include 1,298 units acquired by the reporting person pursuant to the Plan prior to August 15, 1996.

<u>Tarrant Sibley, p/o/a for Carl</u> <u>Spielvogel</u> <u>04/02/2004</u>

** 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.