FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OE	CHANGES	IN DENI	ELCIVI	OWNED	епір
SIAIEMENI	OF '	CHANGES	IN RENE	FICIAL	OWNER	SHIP

OMB AF	PROVAL
OMB Number:	3235-028

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

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

Name and Address of Reporting Person* Gersh Lisa			2. Issuer Name and Ticker or Trading Symbol HASBRO INC [HAS]								Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Gersh I	<u> </u>								[]					X Direc	or	10% C	wner
	SBRO, INC	2.	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 03/31/2014								Office below	r (give title	Other below)	(specify	
1011 NEWPORT AVENUE				4. If Amendment, Date of Original Filed (Month/Day/Year)								6.	6. Individual or Joint/Group Filing (Check Applicable				
(Street)	CKET R	[(02861					,	or original		(, ,		ne) X Form	filed by One	Reporting Persethan One Rep	on
(City)	(S	tate) ((Zip)														
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1 Title of C	Socurity (Inc.			2. Transac		_	A. Deer		3.			-		5. Amo		6. Ownership	7. Nature
Date				Execution D			on Date	e, Transaction Disp Code (Instr. 5)		Dispose	urities Acquired (A) sed Of (D) (Instr. 3,		d Securit Benefic Owned	ies ially Following	Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership	
							Code	v	Amount	t (A) or (D) Pric		Report Transa (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.			ate, Tr	Code (Instr.			n of E		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				C	ode	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amount or Number of Shares				
Phantom Stock Units ⁽¹⁾	\$0 ⁽²⁾	03/31/2014			A		632		(3)(4)		(3)(4)	Common Stock	632	\$55.62	11,119	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 25 units will occur on the earlier of 12/31/2014 (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 25 units will occur on the earlier of 12/31/2015 (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 is immediately vested.

Tarrant Sibley, P/O/A for Lisa

04/02/2014

Gersh

** 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.