FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPRO | VAL |
|---|------------------------|-----------|
| l | OMB Number: | 3235-0287 |
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| l | 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(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 ar | 2. Issuer Name and Ticker or Trading Symbol HASBRO INC [HAS] | | | | | | | | | | onship of Reporting P all applicable) | | g Per | 10% Owner | | | | | |
|---|--|---|---|---------|---|--------------|---------|-------|--|--------|--|---|---------------------------------------|-----------------------|--|--|---|------------|---|
| (Last) JOHN H | | 3. Date of Earliest Transaction (Month/Day/Year) 03/31/2010 | | | | | | | | | Officer below) | r (give title) | | Other (s | specify | | | | |
| 200 CLARENDON STREET (Street) BOSTON MA 02116 (City) (State) (Zip) | | | | | | | | | | | | | | 6. Indivi | dual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tab | le I - Non- | -Deriva | ative | Sec | curitie | es Ad | cquired, | Dis | posed | of, or Be | enefic | ially C | Owne | d | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | Execution Da | | | Code (| | | | | and Securiti | | ies For ially (D) Following (I) (| | : Direct | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | Code | v | Amount | (A) or (D) | | - | Transac (Instr. 3 | ction(s) | | | (111511.4) | |
| | 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 Date, if any (Month/Day/Year) | | 4. Transaction Code (Instr. 8) | | n of | | 6. Date Exercisab Expiration Date (Month/Day/Year) | | | nnd 7. Title and Amount of Securities Underlying Derivative Se (Instr. 3 and 4 | | Deri Seci (Insi | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownersh Form: Direct (D or Indire (I) (Instr. | Ownership | Beneficial Ownership ct (Instr. 4) |
| | | | | c | ode | v | (A) | (D) | Date Exercisabl | | xpiration ate | Title | Amour or Number of Shares | er | | | | | |
| Phantom Stock Units ⁽¹⁾ | \$0 ⁽²⁾ | 03/31/2010 | | | A | | 751 | | (3)(4) | | (3)(4) | Common Stock | 751 | \$3 | 88.28 | 22,113 | | 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.
- 3. Units are settled only in cash and are payable after the reporting person ceases to be a director.
- 4. Vesting of 29 units will occur on the earlier of 12/31/10 (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 29 units will occur on the earlier of 12/31/11 (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.

<u>Tarrant Sibley, POA for John</u> M. Connors, Jr.

04/02/2010

<u>M. Connors, Jr.</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.