FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

- 1											
	OMB APPROVAL										
	OMB Number:	3235-0287									
	Estimated average b	ourden									
	hours per response:	0.5									

obligations may continue. See Instruction 1(b).						d pursuant to Section 16(a) of the Securities Exchange Act of 1934												hours	s per re	sponse:	0.5	
												pany Ac										
1. Name and Address of Reporting Person*					2. Issuer Name and Ticker or Trading Symbol										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
CONNORS JOHN M JR					111	HASBRO INC [HAS]									`		Directo	,		10% Ov	vner	
(Last) (First) (Middle) 13 CENTENNIAL DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 09/28/2007											Officer below)	(give title		Other (s below)	specify		
TO CELLERIANE DIAVE					4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable						
(Street) PEABODY MA 09160				(X Form filed by One Reporting Person Form filed by More than One Reporting					n		
(City)	(S	tate)	(Zip)														Person	1				
		Tab	le I - Nor	n-Deriva	ative	e Se	curiti	es A	cqu	ired, I	Disp	osed	of, o	r Ben	eficia	lly O	wned	l				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					ear)	Executi if any	P.A. Deemed Execution Date, f any Month/Day/Year)		Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)				4 and Se Be Ov		5. Amount of Securities Beneficially Owned Following		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
										Code	v	Amount	t	(A) or (D)	Price	т	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
		Т	able II - I (Derivat e.g., pu												/ Ow	ned					
1. Title of Derivative Security (Instr. 3)	vative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any			Date, 1	ransaction of ode (Instr. Derivativ			vative irities uired or osed o) r. 3, 4	Exp	Date Exe piration I pnth/Day	Date		7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		4)	Deriv Secu	str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
1 1 1						1	1	1 1	ı				1	I A	mount	I			- 1		I	

Explanation of Responses:

\$0⁽²⁾

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.

(A) (D)

827

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.

09/28/2007

4. Vesting of 35 units will occur on the earlier of 12/31/07 (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 35 units will occur on the earlier of 12/31/08 (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)

Expiration

(3)(4)

Date

Title

Common

Stock

Tarrant Sibley, p/o/a for John M. Connors, Jr.

or Number

of Shares

827

\$27.88

10/02/2007

12,536

D

** 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.