SEC For	m 4
---------	-----

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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

					01 300		0(n) 0	the inv	estmen		pany Act of	1940							
1. Name and Address of Reporting Person* ANDERSON BASIL						2. Issuer Name and Ticker or Trading Symbol HASBRO INC [HAS]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
ANDERSON DASIL					· _ ,								X	X Director			10% O\	vner	
(Last)	(F	First)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 09/30/2003									Officer (below)	give title		Other (s below)	specify	
(Street)						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
p														X Form filed by One Reporting Person					
(City)	(5	State)	(Zip)										Form file	ed by Mor	e than (One Repor	ing Person		
		Т	able I - Non	-Deriva	tive S	ecur	rities	Acqı	uired,	Disp	oosed of,	or Bene	ficially	Owned					
1. Title of Security (Instr. 3) 2. Trans. Date (Month/L					Day/Year) if any			ecution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquire Disposed Of (D) (Inst		Acquired (f (D) (Instr. :	(A) or 3, 4 and 5)	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price	Reported Transactic (Instr. 3 ar				(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 Date, if any (Month/Day/Yea	Code	4. Transaction Code (Instr. 8)		of		Exercis tion Date //Day/Yea		nd 7. Title and Amount of Securities Underlying Derivative Se (Instr. 3 and 4		f g 9 Security	8. Price of Derivative Security (Instr. 5)		ve C es F ially C ng (d tion(s)	10. Ownershij Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exerci	sable	Ex Da	piration te	Title	Amount or Number of Shares						
Phantom Stock	\$0 ⁽²⁾	09/30/2003		А		788		08/08/1	1988 ⁽³⁾⁽⁴⁾	08/	(08/1988 ⁽³⁾⁽⁴⁾	Common Stock	788	\$18.68	5,73	35	D		

Explanation of Responses:

Units⁽¹⁾

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 35 units will occur on the earlier of 12/31/03 (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 12/31/04 (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. The remainder of the units are immediately vested.

Tarrant Sibley, p/o/a for Basil L 10/02/2003

Anderson

** 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.