Instruction 1(b)

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

Check this box if no longer subject to	STATEMENT OF
Section 16. Form 4 or Form 5	
obligations may continue. See	

CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Garrett Michael W O					2. Issuer Name and Ticker or Trading Symbol HASBRO INC [HAS]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Garren	MICHAEL	<u>w o</u>						. ,					X	Direct	or		10% Ov	vner
(Last) 1011 NE	(F WPORT A		(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 03/31/2008								Officer (give title below)			Other (specify below)		
,				4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Ind	6. Individual or Joint/Group Filing (Check Applicable					
(Street) PAWTU	CKET R	Ι (02860										X		•		orting Perso	
(City)	(S	tate) ((Zip)	-										Perso	rm filed by More than One Reporting rson			
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1 Title of 9	Socurity (Inc	tr 2)	2 Tr	nsaction	7,	A. Deei	med	3.		4 Secur	itios Acqui	rad (A)	or	5. Amou	unt of	6 Ov	vnership	7. Nature
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					Execution Date,			e, Transact Code (In	Transaction Disposed Of (D) (Instr. 3, 4) Code (Instr. 5)				4 and Securit Benefic Owned		ies Form cially (D) (Following (I) (I		n: Direct r Indirect nstr. 4)	of Indirect Beneficial Ownership
							Code	/	Amount	t (A) or Pric		ice	Reporte Transac (Instr. 3	ction(s)			(Instr. 4)	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any				Code (ransaction of ode (Instr. Derivative			6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		S (I	. Price of perivative ecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Ex _i	piration te	Title	Amou or Numb of Share	per					
Phantom Stock Units ⁽¹⁾	\$0 ⁽²⁾	03/31/2008		A		685		(3)(4)		(3)(4)	Common Stock	685	5	\$27.9	8,419		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 12/31/08 (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. Vesting of 29 units will occur on the earlier of 12/31/09 (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 Michael W.O. Garrett

04/02/2008

** 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.