## FORM 4

Instruction 1(b)

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

	CTATEMENT OF CHANGES IN DENIETIONAL CHANGES ON THE
Check this box if no longer subject to	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
Section 16. Form 4 or Form 5	
obligations may continue. See	

OMB APPROVAL OMB Number: Estimated average burden

0.5

hours per response:

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*     CONNORS JOHN M JR					2. Issuer Name <b>and</b> Ticker or Trading Symbol HASBRO INC [ HAS ]									k all appl	ionship of Reporting Pe all applicable) Director		erson(s) to Issuer		
(Last)	(First) (Middle) ITENNIAL DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 09/30/2005											Other (s below)	specify	
(Street) PEABODY MA 09160				4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable ne)  X Form filed by One Reporting Person  Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)											1 0130					
		Tab	le I - Non-D	erivative	e Se	curitie	es Ac	quired, D	Disp	osed (	of, or Be	enefic	ially	Owne	d				
Date				Fransaction te onth/Day/Ye	Execution Date			Transaction Dispo		Dispose	rities Acqui ed Of (D) (In		5. Amou Securiti Benefic Owned Reporte	ies For ially (D) Following (I) (		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	t (A) or (D)		ce	Transac	ansaction(s) str. 3 and 4)			(111341. 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/Yes	Code (	Transaction Code (Instr.		vative vities vired r osed ) r. 3, 4	<b>Expiration D</b>	S. Date Exercisable and Expiration Date Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Price of erivative ecurity estr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Exp	oiration e	Title	Amour or Number of Shares	er						
Phantom Stock Units <sup>(1)</sup>	(2)	09/30/2005		A		903		(3)(4)	(	(3)(4)	Common Stock	903		\$19.65	5,497		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 40 units will occur on the earlier of 12/31/05 (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 40 units will occur on the earlier of 12/31/06 (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 John M. Connors, Jr.

10/03/2005

\*\* 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.