FORM 5

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

OMB APPROVAL											
OMB Number:	3235-0362										
Estimated average burden											
hours per response:	1.0										

Form 3	Holaings Repo	пеа.																
X Form 4	Transactions R	eported.	Fil	ed pursuant to or Sectior								1934						
1. Name and Address of Reporting Person* <u>Frascotti John</u>					2. Issuer Name and Ticker or Trading Symbol HASBRO INC [HAS]							5. Relationship of Reporting Person(s) to Issue (Check all applicable) Director 10% Own				Owner		
(Last) (First) (Middle) C/O HASBRO, INC. 1011 NEWPORT AVENUE					3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2016						ear)	X Officer (give title Other (specify below) President, Hasbro Brands						
(Street) PAWTUCKET RI 02861					4. If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(Sta		Zip)	erivative Securities Acquired, Disposed of, or Beneficially Owned														
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)			2. Transaction Date	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.		4. Securities Acquired (A) or Dispose Of (D) (Instr. 3, 4 and 5)							6. Ownership Form: Direct (D) or		7. Nature of Indirect Beneficial Ownership	
				(,			Amount		(A) or (D)	Pri	ice	Issuer's Fiscal Ind			ect (I)	Instr. 4)	
Common share)	Stock (Par \	Value \$.50 per	07/29/2015		F4 ⁽¹⁾		1)	3,5	96	D		\$80.11	75,43	37.793		D		
Common share)	Stock (Par \	Value \$.50 per	04/25/2016			F4 ⁽²⁾		3,2	36	D	\$87.21		72,261.362(3)(4)			D		
		Ta	able II - Deriva (e.g., p	tive Secur uts, calls,									y Owned					
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)	de (Instr. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expi (Moi	Date Exercisable and piration Date onth/Day/Year) te			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amou or Numb of Title Share:		8. Price of Derivative Security (Instr. 5)		Ow For Or I (I) (10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	

Explanation of Responses:

- 1. This represents payment of tax withholding using share withholding in connection with a previously granted restricted stock award of 7,500 shares (granted on July 29, 2010) which vested on July 29, 2015. The full 7,500 shares of restricted stock were previously reported as owned by Mr. Frascotti.
- 2. This represents payment of tax withholding using share withholding in connection with a previously granted restricted stock award of 6,750 shares (granted on April 24, 2013) which vested on April 25, 2016. The full 6,750 shares of restricted stock were previously reported as owned by Mr. Frascotti.
- 3. Share total has been adjusted to reflect 59.569 shares of common stock acquired through Hasbro 401 (k) plan.
- 4. This represents a correction to the Amount of Securities Beneficially owned following the Reported Transactions.

Tarrant Sibley, P/O/A for John 02/07/2017 Frascotti

** 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.