## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

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l	OMB APPRO	VAL
	OMB Number:	3235-0287
l	Estimated average burde	en
l	hours per response:	0.5

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

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*     BATKIN ALAN R						2. Issuer Name <b>and</b> Ticker or Trading Symbol HASBRO INC [ HAS ]							5. Relationship (Check all appli X Directo		or :		rson(s) to Iss 10% Ov	
(Last) (First) (Middle) 825 THIRD AVENUE					3. Date of Earliest Transaction (Month/Day/Year) 06/30/2008									Officer (give title below)			Other (specify below)	
(Street) NEW YORK NY 10022 (City) (State) (Zip)				4. t	4. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Application)  X Form filed by One Reporting Person  Form filed by More than One Reportin									n				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Trans Date (Month/I					Execution Date,			Code (In	str. 5)			str. 3, 4	and	Securities Beneficially Owned Follow Reported Transaction(s)		Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (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/Year)	Code (	Transaction Code (Instr.		mber rative rities ired r osed ) : 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)		/   S   U	7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4)				9. Number derivative Securities Beneficiall Owned Following Reported Transactio (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	Expiration Date		Title	Amour or Number of Shares	er					
Phantom Stock Units <sup>(1)</sup>	\$0.00 <sup>(2)</sup>	06/30/2008		A		497		(3)(4)	(3)(4)	(	Common Stock	497		\$35.72	38,734 <sup>(5</sup>	5)	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 12 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 12 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.
- 5. Does not include 3,055 units acquired by the reporting person pursuant to the Plan prior to August 15, 1996.

## Remarks:

/s/ Tarrant Sibley, p/o/a for Alan R. Batkin 07/02/2008

\*\* 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.