1. Name and Address of Reporting Person*  
Stoddart Richard S  
C/O INNERWORKINGS, INC.  
203 NORTH LASALLE  
CHICAGO IL 60601

2. Issuer Name and Ticker or Trading Symbol  
HASBRO, INC. [ HAS ]

3. Date of Earliest Transaction (Month/Day/Year)  
06/30/2020

4. If Amendment, Date of Original Filed (Month/Day/Year)  

5. Relationship of Reporting Person(s) to Issuer  
X Director  
10% Owner  
Officer (give title below)  
Other (specify below)

6. Individual or Joint/Group Filing (Check Applicable Line)  
X Form filed by One Reporting Person  
Form filed by More than One Reporting Person

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### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

<table>
<thead>
<tr>
<th>1. Title of Security (Instr. 3)</th>
<th>2. Transaction Date (Month/Day/Year)</th>
<th>2A. Deemed Execution Date, if any (Month/Day/Year)</th>
<th>3. Transaction Code (Instr. 8)</th>
<th>4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)</th>
<th>5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)</th>
<th>6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)</th>
<th>7. Nature of Indirect Beneficial Ownership (Instr. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phantom Stock Units(1)</td>
<td>06/30/2020</td>
<td>A</td>
<td>(A)</td>
<td>(D)</td>
<td>Common Stock 94</td>
<td>D</td>
<td>V (A) (D)</td>
</tr>
</tbody>
</table>

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**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 compliance with Rule 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.

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Matthew Gilman, P/O/A for Richard S. Stoddart  
07/02/2020

**Signature of Reporting Person**  
Date

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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).


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.