FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL |
|--------------|
| |

OMB Number: 3235-0287 Estimated average burden 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

| 1. Name and Address of Reporting Person* BATKIN ALAN R | | | | | 2. Issuer Name and Ticker or Trading Symbol HASBRO INC [HAS] | | | | | | | | heck all appl | icable) or | Person(s) to I | Owner | |
|--|---|--|--|----------------------------------|---|--------|------|--|------|-----------|---|--|---|---|---|---------------------------------------|--|
| (Last) (First) (Middle) C/O HASBRO, INC. | | | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 12/31/2016 | | | | | | | | Office below | r (give title) | Other below | (specify) | |
| 1011 NEWPORT AVE | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| (Street) PAWTUCKET RI 02861 | | 02861 | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (Si | ate) (| Zip) | | | | | | | | | | | | | | |
| | | Tab | le I - Non-D | Derivati | ve Se | curiti | es A | cquired, l | Disp | osed | of, or Be | eneficia | Ily Owne | d | | | |
| Date | | | | . Transacti Pate Month/Day | Execution Date | | | Code (Instr. 5) | | | | Benefic | es ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | Code | v | Amount | t (A) or (D) Price | | Tropos | tion(s) | | (msu. 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 Dat if any (Month/Day/Yo | Cod | saction e (Instr | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | |
| | | | | Cod | e V | (A) | (D) | Date Exercisable | | opiration | Title | Amount or Number of Shares | | | | | |
| Phantom Stock Units ⁽¹⁾ | \$0 ⁽²⁾ | 12/31/2016 | | A | | 929 | | (3)(4) | | (3)(4) | Common Stock | 929 | \$77.79 | 73,458 ⁽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 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.
- 4. Vesting of 19 units will occur on the earlier of 12/31/2017 (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.

Tarrant Sibley, P/O/A for Alan R. Batkin 01/04/2017

** 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.