FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* PHILIP EDWARD M					2. Issuer Name and Ticker or Trading Symbol HASBRO INC [HAS]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
													X	Directo	or		10% Ov	vner		
(Last) (First) (Middle) 115 DRAPER RD						3. Date of Earliest Transaction (Month/Day/Year) 06/30/2009								Officer below)	(give title		Other (s below)	specify		
						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) WAYLAND MA 01778														X Form filed by One Reporting Person						
														Form filed by More than One Reporting Person						
(City)	(S	tate) ((Zip)																	
		Tab	le I - Non-D	Derivati	ve S	ecuritie	s Ac	quired, D	Disp	osed o	of, or Be	nefi	cially	Owne	t					
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					Execution Date			, Transaction D Code (Instr. 5		Dispose	Securities Acquired (A) sposed Of (D) (Instr. 3, 4			5. Amou Securiti Benefic Owned	es Formially (D) (I) (I		n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	(A) o (D)	(A) or (D) Price		Transac (Instr. 3	ction(s)			,iiisti. 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	Code (Inst		on of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			s. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
				Cod	e V	(A)	(D)	Date Exercisable		kpiration ate	Title	Amo or Num of Shar	ber							
Phantom Stock Units ⁽¹⁾	\$0 ⁽²⁾	06/30/2009		A		1,227		(3)(4)		(3)(4)	Common Stock	1,2	27	\$24.24	25,731	L	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 47 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. Vesting of 47 units will occur on the earlier of 12/31/10 (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 Edward M. Philip

07/01/2009

** 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.