FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

wasinington,	D.C.	20049	

OMB APPROVAL 3235-0287 OMB Number: 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* Gersh Lisa (Last) (First) (Middle)					3. D	2. Issuer Name and Ticker or Trading Symbol HASBRO, INC. [HAS] 3. Date of Earliest Transaction (Month/Day/Year) 06/30/2024									k all applic	cable) or (give title) Pers	10% Ow Other (s below)	ner
C/O HASBRO, INC. 1027 NEWPORT AVENUE					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person					
(Street) PAWTUCKET RI 02861			Ri	Form filed by More than One Reporting Person Rule 10b5-1(c) Transaction Indication												ting			
(City)	(S	tate)	(Zip)		Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.								i to						
		Tab	le I - Non-	-Deriv	ative	Sec	curitie	s Ac	quired, I	Dis	osed o	of, or B	enefic	ially	Owned	k			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da						Execution Date,		Code (II	Transaction Disposed C Code (Instr. 5)		ities Acquired (A) or d Of (D) (Instr. 3, 4 and			5. Amou Securitie Benefici Owned F Reported	ies For ially (D) Following (I) (: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amount	t (A) or P		e	Transaction(s) (Instr. 3 and 4)				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 Date, if any (Month/Day/Year)	Date,	4. Transaction Code (Instr. 8)		of E		Expiration	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		S	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amou or Numb of Share	er					
Phantom Stock Units ⁽¹⁾	\$0 ⁽²⁾	06/30/2024			A		1,122		(3)(4)		(3)(4)	Commor Stock	1,12	2	\$58.5	38,841		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 30 units will occur on the earlier of 12/31/2024 (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 30 units will occur on the earlier of 12/31/2025 (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.

Remarks:

Matthew Gilman, P/O/A for Lisa Gersh

07/02/2024

** 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.