## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
|-------------|------|-------|
|             |      |       |

| Check this box if no longer subject to | S |
|----------------------------------------|---|
| 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*  BATKIN ALAN R |                                                                                                                                              |                                        |                                                        |                | 2. Issuer Name <b>and</b> Ticker or Trading Symbol HASBRO INC [ HAS ] |          |                                                           |                                                                |               |                                                                                                 |                                       |                                                                   | heck all app                                                                                    | icable)<br>or                                                     | g Person(s) to Is                     | wner     |
|---------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|--------------------------------------------------------|----------------|-----------------------------------------------------------------------|----------|-----------------------------------------------------------|----------------------------------------------------------------|---------------|-------------------------------------------------------------------------------------------------|---------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|---------------------------------------|----------|
| (Last)                                                  | (F<br>SBRO, INC                                                                                                                              |                                        | (Middle)                                               |                | 3. Date of Earliest Transaction (Month/Day/Year) 03/31/2015           |          |                                                           |                                                                |               |                                                                                                 |                                       |                                                                   | Office<br>below                                                                                 | r (give title<br>)                                                | Other<br>below)                       | (specify |
| 1011 NEWPORT AVENUE                                     |                                                                                                                                              |                                        |                                                        | 4.             | 4. If Amendment, Date of Original Filed (Month/Day/Year)              |          |                                                           |                                                                |               |                                                                                                 |                                       | 6. Individual or Joint/Group Filing (Check Applicable Line)       |                                                                                                 |                                                                   |                                       |          |
| (Street)                                                | CKET R                                                                                                                                       | [ (                                    | 02861                                                  |                |                                                                       |          |                                                           |                                                                |               |                                                                                                 |                                       |                                                                   | X Form                                                                                          | filed by More                                                     | Reporting Persethan One Rep           |          |
| (City)                                                  | (S                                                                                                                                           | tate) (                                | (Zip)                                                  |                |                                                                       |          |                                                           |                                                                |               |                                                                                                 |                                       |                                                                   |                                                                                                 |                                                                   |                                       |          |
|                                                         |                                                                                                                                              | Tab                                    | le I - Non-D                                           | Derivativ      | e Sec                                                                 | curitie  | es A                                                      | cquired, C                                                     | Disp          | osed                                                                                            | of, or Be                             | eneficia                                                          | lly Owne                                                                                        | d                                                                 |                                       |          |
| Date                                                    |                                                                                                                                              |                                        | Transactior<br>ate<br>Month/Day/Y                      | Execution Date |                                                                       | Code (In | Transaction Disposed Of (D) (Instr. 3, 4) Code (Instr. 5) |                                                                |               | Benefic                                                                                         | ies Foi<br>ially (D)<br>Following (I) | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)                               |                                                                   |                                       |          |
|                                                         |                                                                                                                                              |                                        |                                                        |                |                                                                       | Code     | v                                                         | Amount                                                         | nt (A) or (D) |                                                                                                 | Tranca                                | ction(s)                                                          |                                                                                                 | (                                                                 |                                       |          |
|                                                         | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |                                        |                                                        |                |                                                                       |          |                                                           |                                                                |               |                                                                                                 |                                       |                                                                   |                                                                                                 |                                                                   |                                       |          |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)     | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security                                                                        | ercise (Month/Day/Year)<br>of<br>ative | 3A. Deemed<br>Execution Dat<br>if any<br>(Month/Day/Ye | Code           | Transaction Code (Instr.                                              |          | rative rities ired rosed )                                | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |               | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative Securit<br>(Instr. 3 and 4) |                                       | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)               | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>(Instr. 4) |          |
|                                                         |                                                                                                                                              |                                        |                                                        | Code           | v                                                                     | (A)      | (D)                                                       | Date<br>Exercisable                                            | Ex<br>Da      | piration<br>te                                                                                  | Title                                 | Amount<br>or<br>Number<br>of<br>Shares                            |                                                                                                 |                                                                   |                                       |          |
| Phantom<br>Stock<br>Units <sup>(1)</sup>                | \$0 <sup>(2)</sup>                                                                                                                           | 03/31/2015                             |                                                        | A              |                                                                       | 960      |                                                           | (3)(4)                                                         |               | (3)(4)                                                                                          | Common<br>Stock                       | 960                                                               | \$63.24                                                                                         | 70,215 <sup>(5)</sup>                                             | 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 pauable after the reporting person ceases to be a director.
- 4. Vesting of 22 units will occure on the earlier of 12/31/2015 (provided 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 is 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

04/02/2015

\*\* 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.