FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

	vvaoriirigiori, E	J.O. 200 10	
STATEMENT	OF CHANGES IN	I BENEFICIAL	OWNERSHIP

OMB A	PPROVAL
OMB Number:	3235-028

37 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	Secti	on 30(h) of the	Ínvestmen	t Con	npany Ac	t of 1940								
1. Name and Address of Reporting Person* BIONDI FRANK				2. Issuer Name and Ticker or Trading Symbol HASBRO INC [HAS]								Relationship of Reporting Person(s) to Issuer (Check all applicable)								
DIOINE	JI I IXAIN	<u>X</u>												X	Direct	or		10% O	wner	
(Last) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 03/30/2007								Office below	r (give title)		Other (sbelow)	specify				
110 N. R	OCKINGH	IAM AVE																		
			4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable								
(Street)															Line)					
LOS AN	GELES C	A	90049											X	Form	filed by One	Repo	orting Perso	on	
			-									Form filed by More than One Reporting Person								
(City)	(S	tate)	(Zip)																	
		Tah	lo I - Nor	n_Deriv	zative		Curiti	0e A	cquired,	Die	nosod i	of or B	onofi	cially	Owne	d				
			16 1 - 1401	1		_				ופום										
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				Execution Dat			Code (Instr. 5)			or 5. Amour 4 and Securitie Beneficia Owned F		es Form		rm: Direct or Indirect	7. Nature of Indirect Beneficial Ownership					
			'				"					Reporte	ed () '	(-) ((Instr. 4)				
							Code	٧	Amount (A) or (D)		Or P	rice	Transaction(s) (Instr. 3 and 4)							
			able II	Dorivo	tivo C	200	urition	Λ 0 0	uired, D	iona	ood of	or Por	ofici	ally (Junad					
									เนเายน, D s, option						Jwneu					
					-	cuii	-					1		.			_			
1. Title of Derivative Security 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date Execution Date, if any (Month/Day/Year)			Date,		ransaction of ode (Instr. Derivati			Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		S (I	. Price of erivative ecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	,	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisable		epiration	Title	Amor or Numl of Share	ber						
Phantom Stock Units ⁽¹⁾	\$0 ⁽²⁾	03/30/2007			A		214		(3)(4)		(3)(4)	Common Stock	21	4	\$28.62	5,014		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 9 units will occur on the earlier of 12/31/07 (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 9 units will occur on the earlier of 12/31/08 (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 Frank J. Biondi, Jr.

04/03/2007

** 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.