FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP hours per response: 0.5

1. Name and Address of Reporting Person* Thomas Deborah					2. Issuer Name and Ticker or Trading Symbol HASBRO INC [HAS]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>1110111a</u>	s Debora	<u>III</u>													Director	r		10% Ov	/ner
(Leat)		Cirot)	(Middle)		3 [Date (of Farliest	Trans	action (Mo	nth/Γ)av/Vear)			_ X	Officer below)	(give title		Other (s below)	pecify
(Last) (First) (Middle) C/O HASBRO, INC.					3. Date of Earliest Transaction (Month/Day/Year) 02/09/2011									SVP & Chief Financial Officer					
1011 NEWPORT AVENUE				4. If Amendment, Date of Original Filed (Month/Day/Year)									Cine	6. Individual or Joint/Group Filing (Check Applicable					
(2)					4.1	II AIIIE	enament,	Date of	Original i	-iieu	(Month/Day	y/ Year)		Line)	lividual of J	oinvGroup	Filing	(Спеск Ард	olicable
(Street)	CKET I	o T	02862											X	Form fi	led by One	Repo	rting Persor	۱
PAWTUCKET RI 02862															Form filed by More than One Reporting Person				ting
(City)	(State)	(Zip)												reisuii				
		Tal	ble I - Non	-Deriv	ativ	e Se	curitie	s Arc	nuired	Die	nosed o	f or Re	nef	icially	Owned				
ca						_				D13	1	-			_				7. 11-4
Date				Date	ransaction e onth/Day/Year)		2A. Deemed Execution Date if any (Month/Day/Yea		Code (Instr.					5. Amour Securitie Beneficia Owned F	s ally ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount (A) or (D)		Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 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		3A. Deemed Execution E if any (Month/Day	ate, Tr	Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisal Expiration Date (Month/Day/Year			7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4)		curity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				C	ode	v	(A)		Date Exercisabl		Expiration Date	Title	or No of	umber					
Option (Right to	\$45.66	02/09/2011			A		37,098		02/09/2012	(2)	02/09/2018	Commor Stock	3	7,098	\$0	37,098	3	D	

Explanation of Responses:

- 1. These options were granted pursuant to an employee stock option plan in compliance with Rule 16b-3 and have tandem tax withholding rights.
- 2. 33 1/3% of the options become exercisable on the first anniversary of the date of grant, which grant date is February 9, 2011. An additional 33 1/3% of the options become exercisable on each anniversary of the date of grant thereafter.

Tarrant Sibley, P/O/A for **Deborah Thomas**

02/10/2011

** 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.