FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGE | S IN BENEFIC | CIAL OWNERS | SHIP |
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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* NAGLER BARRY | | | | | 2. Issuer Name and Ticker or Trading Symbol HASBRO INC [HAS] | | | | | | | | | | elationship deck all applic | able) r | g Perso | 10% Ov | vner | | |
|---|---|--------------------|---|--------|---|---|-------------------|--|--|-------------------------------|-------|---|---|---------------|--|--|---|--|--|--|--|
| (Last) 1011 NE | (F WPORT A | First) VENUE | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/20/2004 | | | | | | | | | | below) | r (give title) VP, G.C. and S | | Other (s below) ecretary | :pecify | |
| (Street) PAWTU | | LI State) | 02862 (Zip) | | 4. 1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line |) <mark>X</mark> Form fi | al or Joint/Group Filing (Check Applicable orm filed by One Reporting Person orm filed by More than One Reporting erson | | | | | |
| Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | action | Execution Date, | | | <u>, </u> | 3. 4. Securit Transaction Disposed Code (Instr. 5) | | | of, or Beneficiall ties Acquired (A) or d Of (D) (Instr. 3, 4 and | | | 5. Amou Securitie Beneficia Owned F | nt of es ally collowing | Form: | Direct Indirect I | 7. Nature of ndirect Beneficial Ownership | | |
| | | | | | | | | | Ī | Code | v | Amount | | (A) or (D) | Price | Transact | Reported Transaction(s) (Instr. 3 and 4) | | [| (Instr. 4) | |
| Common | Stock (Pa | r Value \$.50/shar | e) | 08/20 | 0/200 | /2004 | | | M | | 6,000 | | A | \$11.5 | 9 21, | 21,000 | | D | | | |
| Common Stock (Par Value \$.50/share) | | | | | | | | | | | | | | 1 | 12 | | I(1) | As custodian for the account of Alyssa Sage Nagler | | | |
| | | | Table II - | | | | | | | | | osed of, onvertil | | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deeme Execution if any (Month/Da | Date, | 4. Transaction Code (Inst | | 5. Number n of | | Expi | ate Exe iration nth/Day | Date | ble and | 7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4) | | Security | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Securities Owned Following Reported Transactio (Instr. 4) | Own Form Direct or In (I) (Ir | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exe | e rcisable | | Expiration Date | Title | | Amount or Number of Shares | | | | | | |
| Option (Right to Buy) ⁽²⁾ | \$11.59 | 08/20/2004 | | | M | | | 6,000 | 04/2 | 25/2002 | (3) | 04/24/2011 | | mmon tock | 6,000 | \$11.59 | 44,00 | 0 | D | | |

Explanation of Responses:

- 1. As custodian for the account of Alyssa Sage Nagler, Mr. Nagler's daughter, Mr. Nagler disclaims beneficial ownership of those shares.
- 2. These options were granted pursuant to an employee stock option plan in compliance with Rule 16b-3 and have tandem tax withholding rights.
- 3. 33 1/3% of the options become exercisable on the first anniversary of the date of grant and an additional 33 1/3% of the options become exercisable on each anniversary of the date of grant thereafter.

Barry Nagler

08/23/2004

** 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.