FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
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١	Section 16. Form 4 or Form 5								
J	obligations may continue. See								
	Instruction 1(b)								

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(b) of the Investment Company Act of 1940

1 Name or	ad Addrose of	Poporting Porces*					. ,			dina S	Symbol			5. R	elationshin	of Reporting	a Per	son(s) to Iss	suer
1. Name and Address of Reporting Person*  MALONE CLAUDINE B/CA					2. Issuer Name <b>and</b> Ticker or Trading Symbol HASBRO INC [ HAS ]									(Check all applicable)				. ,	
MILONE CLAUDINE D/CA														)	Oirect			10% O	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 09/30/2004									Office below	er (give title v)		Other ( below)	specify
10260 CAMPUS POINT DR M/SF3																			
10260 C	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable									
(Street)															Line)  X Form filed by One Reporting Person				
SAN DII	EGO C	A !	92121												_	n filed by More than One Reporti			
(City)	(S	ate) (	(Zip)																
		Tab	le I - Non-D	Derivat	tive S	Secu	ıritie	s Ac	quired,	Dis	posed	of, or B	enef	ciall	y Owne	d			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da						Exe	2A. Deemed Execution Date, if any (Month/Day/Yea		Code	Transaction Dispos Code (Instr. 5)		rities Acquired (A) ed Of (D) (Instr. 3, 4			5. Amou Securiti Benefic Owned Reporte	ies Fo cially (D) Following (I)		n: Direct	7. Nature of Indirect Beneficial Ownership
							Code	v	Amount	Amount (A) or (D)		rice	Transac (Instr. 3	ction(s)			(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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Dat if any (Month/Day/Yo	Co	Transaction Code (Instr.		n of		6. Date Exercisab Expiration Date (Month/Day/Year)		Amount ) Securitie Underlyi Derivativ		unt of rities		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y Di or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Co	ode V	,	(A)	(D)	Date Exercisabl		opiration	Title	Amo or Num of Shai	ber					
Phantom Stock Units <sup>(1)</sup>	\$0 <sup>(2)</sup>	09/30/2004		I	A		224		(3)(4)		(3)(4)	Common Stock	22	24	\$18.8	2,427		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 10 units will occur on the earlier of 12/31/04 (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 10 units will occur on the earlier of 12/31/05 (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 Claudine B. Malone

10/04/2004

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.