FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	VAL							
	OMB Number:	3235-0287							
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l	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 Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Consider A Dishard Consideration						2. Issuer Name and Ticker or Trading Symbol HASBRO INC [HAS]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Stoddart Richard S						101	110		LIMIO	J					X	Direct	or		10% O	vner		
(Last)						3. Date of Earliest Transaction (Month/Day/Year) 06/30/2016										Office below	r (give title)		Other (s	specify		
35 WEST WACKER DRIVE							If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable					
(Street) CHICAGO IL 60601			50601			, , , , , , , , , , , , , , , , , , , ,										X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(SI	tate) (Zip)																			
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						Execution Dat			e, Transaction Dispos Code (Instr. 5)				ities Acqui	ıstr. 3, 4	4 and Securit Benefic Owned Reporte		ies For cially (D) Following (I) (n: Direct r Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Cod	e v	Am	nount	t (A) or Pr		e	Transac (Instr. 3	ction(s) 3 and 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 Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)				6. Date I Expirati (Month/I	ite	Amount of		of S g e Securit	De Se (In	Price of rivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	e (10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
				c	Code	V	(A)	(D)	Date Exercisa	ıble	Expirat Date	tion	Title	Amour or Number of Shares	er							
Phantom Stock Units ⁽¹⁾	\$0 ⁽²⁾	06/30/2016			A		426		(3)(4)		(3)(4	1)	Common Stock	426	\$	83.99	4,404		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 payable after the reporting person ceases to be a director.
- 4. Vesting of 18 units will occur on the earlier of 12/31/2016 (provided 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 18 units will occur on the earlier of 12/31/2017 (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 are immediately vested.

Tarrant Sibley, P/O/A Richard

07/05/2016

S. Stoddart

** 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.