## FORM 4

obligations may continue. See

Instruction 1(b)

Check this box if no longer subject to Section 16. Form 4 or Form 5

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
|-------------|------|-------|
|-------------|------|-------|

| OMB APPROVAL             |           |  |  |  |  |  |  |  |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number:              | 3235-0287 |  |  |  |  |  |  |  |
| Estimated average burden |           |  |  |  |  |  |  |  |

0.5

hours per response:

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*  ANDERSON BASIL   |  |            |         |                 | 2. Issuer Name <b>and</b> Ticker or Trading Symbol HASBRO INC [ HAS ] |   |                 |     |  |                                   |  |   | (Che                           | 5. Relationship of Reporting Person(s) to Issuer<br>(Check all applicable)<br>X Director 10% Owner |   |  |  |   |            |
|--|--|------------|---------|-----------------|---|---|-----------------|-----|--|-----------------------------------|--|---|--------------------------------|--|---|--|--|---|------------|
| (Last)   | (Fi  | rst) (     | Middle) |                 | 3. Date of Earliest Transaction (Month/Day/Year) 06/30/2004           |   |                 |     |  |                                   |  |   |                                | Officer<br>below)  | (give title   |  | Other (s<br>below)   | specify                                 |            |
| (Street)   |  |            |         |                 | 4. If Amendment, Date of Original Filed (Month/Day/Year)              |   |                 |     |  |                                   |  | Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person |                                |  |   |  |  |   |            |
| (City)   | (SI  | ate) (     | Zip)    |                 |   |   |                 |     |  |                                   |  |   |                                |  |   | Form filed by More than One Reporting Person |  |   |            |
|  | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned   |            |         |                 |   |   |                 |     |  |                                   |  |   |                                |  |   |  |  |   |            |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)  |  |            |         | Execution Date, |   |   | Code (Instr. 5) |     |  | 4 and Securit<br>Benefic<br>Owned |  | cially (D) Following (I) (  |                                | : Direct<br>Indirect<br>str. 4)  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership   |  |  |   |            |
|  |  |            |         |                 |   |   |                 |     | Code   | v                                 | Amount   | (A)   | or P                           | rice   | Reported<br>Transaction(s)<br>(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  (Instr. 3)  3. Transaction Date Execution D if any (Month/Day// Security |  |            |         | ate, Tr         | Code (Instr   |   | n of            |     | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |                                   | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative Secu<br>(Instr. 3 and 4) |   | [<br>  5<br>  (                | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)  | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction<br>(Instr. 4) | y  | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>t (Instr. 4) |            |
|  |  |            |         | Co              | ode   | v | (A)             | (D) | Date<br>Exercisal  |                                   | expiration<br>pate   | Title   | Amo<br>or<br>Num<br>of<br>Shar | ber  |   |  |  |   |            |
| Phantom<br>Stock   | \$0 <sup>(2)</sup>   | 06/30/2004 |         |                 | A   |   | 1,255           |     | (3)(4)   |                                   | (3)(4)   | Commo<br>Stock  | n 1,2                          | 55   | \$19  | 9,038  |  | 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 56 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 56 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 Basil

Anderson

07/01/2004

\*\* 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.