FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to |
|--|
| Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Instruction 1(b). |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* MALONE CLAUDINE B/CA | | | | | | 2. Issuer Name and Ticker or Trading Symbol HASBRO INC [HAS] | | | | | | | | Relationship neck all appli X Directo | cable) | g Person(s) to Is | | |
|--|---|--|---|-------------|---|--|---|---------|------------------|--------------------------|--------------------|---|--|---|-----------------------------|---|---|--|
| (Last) (First) (Middle) C/O SAIC | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/31/2007 | | | | | | | | Officer below) | (give title | Other below | (specify | |
| 10260 CAMPUS POINT DR M/SF3 | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | |
| (Street) SAN DIEGO CA 92121 | | | | | | | | | | | | | Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | |
| | | Tab | le I - No | n-Deri | vativ | e Se | curi | ties Ac | quired | , Dis | posed o | f, or Be | neficial | ly Owned | <u> </u> | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | ar) l | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (| Transaction Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | Benefici Owned I | es I ally Following (| 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Reporte Transac (Instr. 3 | tion(s) | | (Instr. 4) | |
| Common Stock (Par value \$.50 per share) 01/31/2 | | | | | | 2007 | | | М | | 11,250 |) A | \$14.2 | 45 16 | ,469 | D | | |
| Common Stock (Par value \$.50 per share) 01/31/2 | | | | | 1/200′ | 2007 | | | G ⁽³⁾ | V | 11,250 |) D | \$0 | 5, | 219 | D | | |
| Common Stock (Par value \$.50 per share) 01/31/2 | | | | | | 2007 | | | G ⁽³⁾ | V | 11,250 |) A | \$0 | 22,500 | | I ⁽⁴⁾ | Held by the Claudine B. Malone Family Trust | |
| | | - | Table II - | | | | | | | | osed of, | | | Owned | , | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | ed Date, | 4. Transaction Code (Instr. 8) | | n of E | | | xercis | sable and | 7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | | Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership t (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | Amount or Number of Shares | | | | | |
| Option (Right to Buy) ⁽¹⁾ | \$14.245 | 01/31/2007 | | | M | | | 11,250 | (2) | | 02/14/2011 | Common Stock | 11,250 | \$0 | 0 | D | | |

Explanation of Responses:

- 1. The options were granted pursuant to the 1994 Stock Option Plan for Non-Employee Directors.
- 2. 20% of the options became exercisable on the first anniversary of the date of grant and an additional 20% of these options became exercisable on each of February 15, 2003, February 15, 2004, February 15, 2005 and February 15, 2006.
- 3. The shares were transferred by Ms. Malone to the Claudine B. Malone Family Trust.
- 4. Ms. Malone disclaims beneficial ownership of these shares except to the extent of her proportionate pecuniary interest therein.

Tarrant Sibley, p/o/a for 02/01/2007 Claudine B. Malone

** 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.