FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	OVAL					
OMB Number:	3235-0287					
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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 ar	2. Issuer Name and Ticker or Trading Symbol HASBRO INC [ HAS ]										(Ch	eck all appl	or	g Per	10% O	vner						
(Last) (First) (Middle) C/O HASBRO, INC.					3. Date of Earliest Transaction (Month/Day/Year) 06/30/2016											Office below	r (give title )		Other (s below)	specify		
1011 NEWPORT AVENUE							4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) PAWTUCKET RI 02861			02861												l	X Form filed by One Reporting Person  Form filed by More than One Reporting  Person						
(City) (State) (Zip)																						
		Tab	le I - Non-	Deriva	ative	Sec	curitie	es A	cquire	d, D	isp	osed	of, or B	enefi	ciall	y Owne	d .					
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da					Execution Da			on Date	Code (Ins						4 and Securiti		ies For ially (D) Following (I) (		n: Direct r Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Cod	de V	,	Amount (A) or (D)		or P	rice	Transac (Instr. 3	ction(s)			(111511. 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 of Exercise Price of Derivative Security  Security  3. Transaction Date (Month/Day/Year)  Execution of Exercise (Month/Day/Year)  Security				ate, Ti	4. Transaction Code (Instr. 8)		n of		6. Date Exercisab Expiration Date (Month/Day/Year)				and 7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4)	Owr Forr Dire or Ir (I) (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				С	ode	v	(A)	(D)	Date Exercis	able	Ex <sub>I</sub>	piration te	Title	Amo or Num of Share	ber							
Phantom Stock Units <sup>(1)</sup>	\$0 <sup>(2)</sup>	06/30/2016			A		387		(3)(4	)		(3)(4)	Common Stock	38	7	\$83.99	640		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 17 units will occur on the earlier of 12/31/2016 (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 17 units will occur on the earlier of 12/31/2017 (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.

<u>Tarrant Sibley, P/O/A for Sir</u> Crispin Davis

07/05/2016

Crispin Davis

\*\* 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.