## 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

TATEMENT	<b>OF CHANGES</b>	IN BENEFICIAL	<b>OWNERSHIP</b>

OMB APPROVAL

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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*     CONNORS JOHN M JR				2. Issuer Name and Ticker or Trading Symbol HASBRO INC [ HAS ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
COMM	OKS JUI	IIN IVI JIK											X	Direct	or		10% O\	vner
(Last)	`	(First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 03/31/2008								Officer (give title below)			Other (specify below)	
				4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable Line)						
(Street) PEABOI	OY M	A	09160										X		•		orting Perso	
(City)	(Si	tate) (	Zip)	-										Perso		re tna	n One Repo	rting
(5.9)															_			
			le I - Non-De		_				OISP									
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)				Execution Date,			e, Transact Code (In	3. 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 8)			4 and Securiti		ies For ially (D) Following (I) (		Ownership m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership		
							Code	v	Amount	t (A) or P		ice	Transac	action(s) 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 (Month/Day/Year)  3. Transaction Date (if any (Month/Day/Year)			Code (	ransaction of I Code (Instr. Derivative (		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		S (I	. Price of erivative ecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code	v	(A)	(D)	Date Exercisable	Exp Dat	piration te	Title	Amou or Numb of Share	per					
Phantom Stock Units <sup>(1)</sup>	\$0 <sup>(2)</sup>	03/31/2008		A		875		(3)(4)		(3)(4)	Common Stock	87	5	\$27.9	14,361		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 36 units will occur on the earlier of 12/31/08 (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 36 units will occur on the earlier of 12/31/09 (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 John M. Connors, Jr.

04/02/2008

\*\* 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.