

HASBRO INC

Reported by **GERSH LISA**

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 07/03/12 for the Period Ending 06/29/12

Address 1027 NEWPORT AVE

P O BOX 1059

PAWTUCKET, RI 02861

Telephone 4014318697

CIK 0000046080

Symbol HAS

SIC Code 3944 - Games, Toys, and Children's Vehicles, Except Dolls and Bicycles

Industry Recreational Products

Sector Consumer Cyclical

Fiscal Year 12/31



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

UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP **OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(f) of the Investment Company Act of 1940

1. Name and Add	ress of Re	eporting l	Person *	2	. Iss	uer Na	me a	nd Ticke	er or T	radi	ng Symb	ol 5. Relation (Check all			Person(s)	to Issuer	
Gersh Lisa				F	IAS	SBRO	IN	C [HA	S]								
(Last) (First) (Middle)				3.	3. Date of Earliest Transaction (MM/DD/YYYY)						DD/YYYY	Office	Officer (give title below)			10% Owner Other (specify	
C/O MARTH				G				6/29/2	012			below)					
OMNIMEDIA STREET, 9TI			261H														
(Street)					4. If Amendment, Date Original Filed (MM/DD/YYYY)						ed		6. Individual or Joint/Group Filing (Check Applicable Line)				
NEW YORK,	NY 100 (State))01 (Zip)											Reporting Pe		n	
		Table 1	[- Non-I	Deriv	vativ	ve Secu	ritie	s Acqui	red, Di	ispo	sed of, o	or Beneficially	y Owned	<u> </u>	_		
1.Title of Security (Instr. 3)					ans.	Deemed Execution Date, if		Trans. ode nstr. 8)	Acquire Dispose	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5			ant of Securities Beneficially Owneding Reported Transaction(s) and 4)		Ownership of India Form: Benefic	Beneficial Ownership	
				any			Code V	Amount	(A) or (D)	Price		(msu. 4)					
Tab	le II - De	rivative	Securition	es Be	enef	icially	Own	ed (<i>e.g.</i>	, puts	, cal	lls, warr	ants, options	, convert	ible secur	rities)	•	
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans.	3A. Deemed Execution Date, if	4. Trans Code (Instr 8)	s. I e S r. A I	5. Number of Derivative Securities Acquired (A) o Disposed of (D (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date			7. Title an	d Amount of Underlying Security		9. Number of derivative Securities Beneficially Owned Following Reported	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr.	Beneficial	
				Code	e V	(A)	(D)	Date Exercisab	Expir le Date	ation	Title	Amount or Number of Shares		Transaction (s) (Instr. 4)	4)		
Phantom Stock Units	\$0 (2)	6/29/2012		A		865		(3) (4)	(3)	(4)	Common Stock	865	\$33.87	5701	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 36 units will occur on the earlier of 12/31/2012 (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 36 units will occur on the earlier of 12/31/2013 (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 is immediately vested.

Reporting Owners

Demonting Common Name / Address	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		

Gersh Lisa C/O MARTHA STEWART LIVING OMNIMEDIA	X		
601 WEST 26TH STREET, 9TH FLOOR NEW YORK, NY 10001			

Signatures

Tarrant Sibley, P/O/A for Lisa Gersh 7/3/2012

** 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 control number.