FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT	OF	CHANGES	IN I	BENEFICIAL	OWNERSHIP
SIAILIVILIVI	O.	CHANGES	114 1	DENEI ICIAE	OWNERSHIP

OMB APPF	ROVAL
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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

Name and Address of Reporting Person* Gersh Lisa					2. Issuer Name and Ticker or Trading Symbol HASBRO, INC. [HAS]										ationship k all appl Direct	cable)	g Per	son(s) to Is:		
(Last)	(F	irst) ((Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/30/2023									Office	(give title		Other (s below)	pecify	
C/O HASBRO, INC. 1011 NEWPORT AVENUE					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person						
(Street)	CKET R	I (02861			For Per									Form Perso	n filed by More than One Reporting on				
(City)	(S	tate) ((Zip)			Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Table	e I - Non-	-Deriva	ative S	Seci	uritie	s Ac	quired, I	Disp	osed	of, or Be	enefic	ially	Owne	d				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				Execution Date,			Code (In	Transaction Disposed Of (D) (In Code (Instr. 5)				Securiti Benefic Owned	5. Amount of Securities Beneficially Owned Following Reported		n: Direct r Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership				
									Code	v	Amoun	t (A) or Price		e	Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
		Та							uired, Di s, option						Owned					
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise (Instr. 3) Price of Derivative Security 3. Transaction Date Execution Date, if any (Month/Day/Year)				Date,	Transaction Number			6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		De Se (In	Price of erivative ecurity istr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)		
						v	(A)	(D)	Date Exercisable		piration te	Title	Amour or Number of Shares	nber						
Phantom Stock Units ⁽¹⁾	\$0 ⁽²⁾	06/30/2023			A		982		(3)(4)		(3)(4)	Common Stock	982	,	\$64.77	34,364		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 31 units will occur on the earlier of 12/31/2022 (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 31 units will occur on the earlier of 12/31/2023 (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.

Remarks:

Matthew Gilman, P/O/A for

07/05/2023

Lisa Gersh

** Signature of Reporting Person

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.