FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

N	ashing	ton,	D.C.	20549	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL										
	OMB Number: 3235-028 Estimated average burden										
	hours per response:										

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b)

Name and Address of Reporting Person*     Frascotti John													lationship o ck all applica Director	,		to Issue	
(Last) (First) (Middle) C/O HASBRO, INC. 1011 NEWPORT AVENUE  (Street) PAWTUCKET RI 02861  (City) (State) (Zip)						3. Date of Earliest Transaction (Month/Day/Year) 02/20/2018  4. If Amendment, Date of Original Filed (Month/Day/Year) 02/22/2018  ative Securities Acquired, Disposed of, or Benefic								Officer (give title below)  Other (spe below)  President			ecify
														Individual or Joint/Group Filing (Check Applicat Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person			
1. Title of Security (Instr. 3)  2. Transa Date (Month/D					action	3. Transactic Code (Inst		4. Securities Acquired (A) ion Disposed Of (D) (Instr. 3, 4			A) or	or 5. Amount of Securities Beneficially Owned Follo		6. Owners Form: Dire (D) or Indi (I) (Instr. 4	ect li rect E	7. Nature of Indirect Beneficial Ownership	
							Code	v	Amount	(A) (D)	or	Price	Reported Transacti (Instr. 3 a	on(s)			nstr. 4)
Common	Stock (Par	Value \$.50 per s	)/2018		A		14,144 <sup>(1)</sup> A			\$ <mark>0</mark>	92,382	2.362(2)	D				
			Table II -	Deriva (e.g., p	tive Sec uts, cal	curities Acqui	ired, C optior	ispo ns, c	osed of, convertib	or Ber le sec	nefic uriti	cially C	Owned				
Derivative Conversion Date Execution Date, Ti				C	ansaction ode (Instr.							8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia	Owi	nership m: ect (D)	11. Nature of Indirect Beneficial Ownership	

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)		5. Number Derivative Securities Acquired or Dispos of (D) (Ins 4 and 5)	(A) ed	Expiration Da	6. Date Exercisable and Expiration Date (Month/Day/Year)  7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)		
Option (Right to Buy) <sup>(1)(3)</sup>	\$98.1	02/20/2018		A		70,719 <sup>(1)</sup>		(4)	02/19/2025	Common Stock	70,719	\$0	70,719	D	

## **Explanation of Responses:**

- 1. This Amendment is being filed to correct the number of restricted stock units and options reported as awarded on February 20, 2018. This Amendment reflects the correct numbers.
- 2. This Amendment is being filed to correct the number of securities beneficially owned by the Reporting Person.
- 3. These options were granted under an employee stock option plan in accordance with Rule 16b-3 and have tandem tax withholding rights.
- 4. 33 1/3% of the options become exercisable on the first anniversary of the date of grant and an additional 33 1/3% of the options become exercisable on each anniversary of the date of grant thereafter.

Tarrant Sibley, P/O/A for John 02/28/2017 <u>Frascotti</u>

\*\* 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.