FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

 OMB APPROVAL

OMB Number: 3235-0287

Expires: December 31, 2014

Estimated average burden hours per response: 0.5

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 and Address of Reporting Person* STERN PAULA					2. Issuer Name and Ticker or Trading Symbol HASBRO INC [HAS]								(Chec	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
				L									X	X Director			10% Ow	ner	
(Last)	(F	First)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 06/30/2003									Officer (g below)	jive title		Other (specify below)		
(Street)			4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indi Line)	· ·							
														X Form filed by One Reporting Person					
(City)	(S	State)	(Zip)											Form filed by More than One Reporting Person					
		Т	able I - Non-D	erivat	tive S	ecur	ities	Acqı	uired, C	Disp	osed of,	or Bene	ficially	Owned					
Date				Transac ite onth/Da		Exec if an	Deeme cution y nth/Day				ies Acquired (A) or Of (D) (Instr. 3, 4 a		5. Amount Securities Beneficiall Owned Fo	y	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) or (D)	Price	Reported Transactio (Instr. 3 an	saction(s)				
	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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		5. Nu of Deriv Secu Acqu (A) o Dispo of (D) (Instr	ative rities ired osed	Exercisable and tion Date I/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 (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)		
				Code	v	(A)	(D)	Date Exerci	sable	Exp	piration te	Title	Amount or Number of Shares						
Phantom Stock Units ⁽¹⁾	0(2)	06/30/2003		A		747		08/08/1	1988 ⁽³⁾⁽⁴⁾	08/	08/1988 ⁽³⁾⁽⁴⁾	Common Stock	747	\$17.49	5,86	1	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 33 units will occur on the earlier of 12/31/03 (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 33 units will occur on the earlier of 12/31/04 (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 Paula</u> <u>Stern</u> <u>07/02/2003</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.