## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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 <b>and</b> Ticker or Trading Symbol HASBRO, INC. [HAS]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>GCI3II I</u>	<u> </u>													X [	Directo	or		10% Ov	vner
(Last)	(F SBRO, INC	,	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 12/31/2019										Office elow)	(give title		Other (s below)	specify
1011 NEWPORT AVENUE				4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
(Street)	CKET R	[ (	02861										X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S	tate) (	(Zip)																
		Tab	le I - Non-	-Deriva	ative	Sec	curitie	es Ad	cquired, [	Disp	osed	of, or Be	enefici	ally O	vne	d			
Dai				2. Transa Date (Month/Da		ar) E	2A. Deemed Execution Date if any (Month/Day/Yea		e, Transaction Dispose Code (Instr. 5)		rities Acqui ed Of (D) (In		4 and Securit		ies For ially (D) Following (I)		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amount	t (A) or (D)		_ Tr	ansac	action(s) 3 and 4)			(111341. 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 Date Execution Date (Month/Day/Year) Price of Derivative Security  3. Transaction Date Execution Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year)			ate, T	ransa ode (I		5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5	rities ired r osed ) : 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title an Amount o Securities Underlyin Derivative (Instr. 3 ar	f g Security	8. Pric Deriva Secur (Instr.	tive ity	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ow For Dir or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					code	v	(A)	(D)	Date Exercisable	Ex Da	piration ate	Title	Amount or Number of Shares						
Phantom Stock Units <sup>(1)</sup>	\$0 <sup>(2)</sup>	12/31/2019			A		538		(3)(4)		(3)(4)	Common Stock	538	\$105	.61	23,328		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 17 units will occur on the earlier of 12/31/2020 (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 Lisa Gersh

01/03/2020

\*\* 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.