FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	$D \subset$	205/10
vasiiiigtoii,	D.C.	20349

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
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

Name and Address of Reporting Person*  Gersh Lisa				2. Issuer Name and Ticker or Trading Symbol HASBRO, INC. [ HAS ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Gersii i	<u> </u>												X Directo	or		10% Ow	ner	
	SBRO, INC		Middle)		3. Date of Earliest Transaction (Month/Day/Year) 09/30/2021							Officer below)	(give title		Other (specifically below)	pecify		
1011 NEWPORT AVENUE				4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)							6.	6. Individual or Joint/Group Filing (Check Applicable					
(Street)	CKET RI	. (	02861		Line)											1		
(City)	(Si	ate) (	(Zip)															
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1 Title of 9	1. Title of Security (Instr. 3)  2. Transaction 2A. Deemed 3. 4. Securities Acquired (A) or 5. Amount of 6. Ownership 7. Nature																	
Date (Month/D:				Execution Date,			ransaci Code (In	Transaction Disposed Of (D) (Instr. 3, 4)				Securitie Benefici Owned F	es ally Following	Form: D	n: Direct or Indirect Instr. 4)	of Indirect Beneficial Ownership		
						Code	/ /	Amount	(A) or (D) Price			eported ransaction(s) nstr. 3 and 4)		(1	nstr. 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 or Exercise Price of Derivative Security  (Instr. 3)  3. Transaction Date (Month/Day/Year)  (Month/Day/Year)  34. Deemed Execution Date, if any (Month/Day/Year)			Code	ransaction of Code (Instr. Derivative			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 derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y Ov Fo Dii 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		oiration e	Title	Amount or Number of Shares						
Phantom Stock Units <sup>(1)</sup>	\$0 <sup>(2)</sup>	09/30/2021		A		672		(3)(4)	(	(3)(4)	Common Stock	672	\$89.22	28,142		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 21 units will occur on the earlier of 12/31/2021 (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 21 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. The remainder of the units are immediately vested.

Matthew Gilman, P/O/A for Lisa Gersh

10/04/2021

\*\* 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.