FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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). |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 [*] BURNS MICHAEL RAYMOND | | | | | | 2. Issuer Name and Ticker or Trading Symbol HASBRO, INC. [HAS] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | |
|---|---|---------|---------|------------|--|---|--|-------------------|--|--------------------|--------------------------------------|---|--------------------|--|--|--|-----------|--|---------------------------------------|
| (Last) (First) (Middle) | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/18/2023 | | | | | | | | | | Offic below | er (give title w) | | Other (below) | specify |
| 2700 COLORADO AVENUE STE 200 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | |
| (Street) SANTA | | | 0.40.4 | | | | | | | | | | | | | n filed by Mo | | 0 | |
| MONIC | MONICA CA 90404 | | | | | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | |
| (City) | (St | ate) (Z | Zip) | | | neck t tisfy t | his box he affir | to indi mative | cate that a defense co | trans onditio | action was n ons of Rule 1 | nade p L0b5-1 | oursuar (c). Se | nt to a co e Instruc | ntract, ins tion 10. | truction or wr | itten pla | an that is inf | ended to |
| | | Table | l - Noi | n-Deriva | tive S | ecui | rities | Acq | uired, I | Disp | posed of | f, or | Ben | eficia | ly Owr | ned | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | th/Day/Year) if any | | Deemed cution Date, y nth/Day/Year) | | | | ies Acquired (A Of (D) (Instr. 3, | | | Securi Benefi Owneo Follow | icially d /ing | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (A (D | A) or D) | Price | | | | | |
| Common Stock (Par Value \$.50 per share) 05/18/2 | | | | | | 2023 | | | A | | 2,838 | | A | \$ <mark>0</mark> |) 21,211 | | | D | |
| | 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) | ve Conversion Date Execution Date, or Exercise (Month/Day/Year) if any | | | tion Date, | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | te | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | D Si I (li | Price of erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | y E (| 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | or Nun of | | | | | | | |

Explanation of Responses:

Remarks:

Matthew Gilman, P/O/A for

Michael Burns

<u>05/18/2023</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.