FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| vvaoriinigtori, | D.O. | 20010 | |
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| 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 APP | ROVAL | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| 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

| 1. Name and Address of Reporting Person* Throop Darren D | | | | | 2. Issuer Name and Ticker or Trading Symbol HASBRO, INC. [HAS] | | | | | | | | | ck all applic Directo | tionship of Reporting Person(s) to Issuer all applicable) Director 10% Owner Officer (give title Other (spec | | | vner | |
|---|---|--|---|----------|--|-----|--|------|---|----------|-----------------------------|--|--|--------------------------|---|--|----------------|--|--|
| (Last) 30 PLYN | , | irst) CRESCENT | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 02/17/2021 | | | | | | | | | , | below) | вреспу | | | |
| (Street) | TO N | Y | MP2 1P5 | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Line | Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | Persor | | e thar | One Repor | rting |
| | | Tab | le I - Non | -Deriva | tive | Sec | urities | s Ac | quired, | Dis | osed o | f, or B | enef | icially | y Owned | | | | |
| Date | | | | | /Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year | | Code (| | 4. Securi Disposed 5) | | | | 5. Amour Securitie Beneficia Owned F Reported | s ally following | Form (D) o | wnership n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | Code | v | Amount | (A) (D) | or F | Price | Transact (Instr. 3 a | tion(s) | | | (111511. 4) |
| Common Stock (Par Value \$.50 per share) 02/17 | | | | 02/17/ | '/2021 | | A | | 33,26 | 33,267 A | | \$ <mark>0</mark> | 172,745 | | | D | | | |
| | | - | Table II - C | | | | | | uired, D , optior | | | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Di if any (Month/Day/ | ate, Tra | ansaction ode (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisal Expiration Date (Month/Day/Year | | | 7. Title and Amou of Securities Underlying Derivative Securit (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | e S Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Co | de V | v | (A) | (D) | Date Exercisab | | expiration Pate | Title | or Nui of | ount mber ares | | | | | |
| Option (Right to Buy) ⁽¹⁾ | \$90.18 | 02/17/2021 | | A | | | 83,167 | | (2) | 0 | 2/16/2028 | Commo Stock | 83 | ,167 | \$0 | 83,16 | 7 | D | |

Explanation of Responses:

- 1. These options were granted under an employee stock option plan in accordance with Rule 16b-3 and have tandem tax withholding rights.
- 2. 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.

Matthew Gilman, P/O/A for Darren Throop

02/19/2021

** 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.