FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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| OMB APPROVAL | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average I | burden | | | | | | | | |

0.5

hours per response:

| 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

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* The second Polynophysia (1997). | | | | 2. Issuer Name and Ticker or Trading Symbol HASBRO INC [HAS] | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
|--|---|------------|----------------------------------|--|--|-----------------|------|--|-------------------------|--|--|---|--|--|---------------------------------------|--|
| <u>Thomas Deborah</u> | | | | - | | | | | | | | Directo | | 10% Ov | · I | |
| (1.0) | | | | | Date of Earliest Transaction (Month/Day/Year) | | | | | | <u> </u> | X Officer below) | (give title | Other (s below) | specify | |
| (Last) (First) (Middle) C/O HASBRO, INC. | | | | | 02/04/2010 | | | | | | Chief Financial Officer | | | | | |
| | WPORT A | | | | | | | | | | | | | | | |
| TOTT TOTT TWENTOE | | | | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | |
| (Street) | | | | | | | | | | | Line | , | led by One Rep | ortina Persoi | , l | |
| PAWTU | CKET F | U | 02862 | | | | | | | | | _ | led by One Rep led by More tha | Ü | | |
| | | | | | | | | | | | | Person | , | · | Ü | |
| (City) | (| State) | (Zip) | | | | | | | | | | | | | |
| | | Tal | ole I - Non-D | Derivativ | re Se | curitie | s Ac | quired, Di | sposed o | f, or Ber | neficiall | y Owned | | | | |
| Date | | | Transactio ate Ionth/Day/\ | Execution Date, | | Code (Instr. 5) | | | d (A) or r. 3, 4 and | 5. Amour Securitie Beneficia Owned F | Form ly (D) o | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | Code V | Amount | (A) or (D) | Price | Reported Transact (Instr. 3 a | ion(s) | | (Instr. 4) | |
| | | | Table II - De (e. | | | | | uired, Disp s, options, | , | | , | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | Date Execution Date | Code (Instr. | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amoun 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(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | |
| Option (Right to Buy) ⁽¹⁾ | \$31.625 | 02/04/2010 | | A | | 46,327 | | 02/04/2011 ⁽²⁾ | 02/04/2017 | Common Stock | 46,327 | \$0 | 46,327 | D | | |

Explanation of Responses:

- 1. These options were granted pursuant to an employee stock option plan in compliance 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.

Tarrant Sibley, p/o/a for Deborah Thomas

02/08/2010

** 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.