## FORM 4

obligations may continue. See

Instruction 1(b)

Check this box if no longer subject to Section 16. Form 4 or Form 5

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, I	D.C.	20549
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STATEMENT	OF	CHANGES	IN	BENEFICIAI	L

OMB APPRO	VAL
OMB Number:	3235-0287
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	OMB Number: Estimated average burde

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*     Garrett Michael W O					2. Issuer Name and Ticker or Trading Symbol HASBRO INC [ HAS ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Garren	MICHAEL	<u>w U</u>						. ,					X	Direct	or		10% Ov	vner
(Last) 1011 NE	(FI	•	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 09/28/2007								Officer (give title below)			Other (specify below)		
,				4.1								6. Individual or Joint/Group Filing (Check Applicable Line)					plicable	
(Street) PAWTU	CKET R	[ (	02860		X Form filed by One Reporting F							•						
(City)	(S	tate) (	Zip)	-										Perso		re ma	п опе керо	iturig
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					Execution Date,			Code (Instr. 5)			4 and Securiti Benefic		ies Forr ially (D) o Following (I) (I		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) (D)	or Pr	ice	Transac (Instr. 3	ction(s)			(Instr. 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)	tive ty y or Exercise Price of Derivative Security    Conversion of Exercise   (Month/Day/Year)   (Month/Day/Year)				5. Number of Expiration Date (Month/Day/Year)  Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)  6. Date Exercisable and Expiration Date (Month/Day/Year)  6. Date Exercisable and Amount of Securities Underlying Derivative Securit (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)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code	v	(A)	(D)	Date Exercisable	Exp Dat	piration te	Title	Amou or Numb of Share	er					
Phantom Stock Units <sup>(1)</sup>	\$0 <sup>(2)</sup>	09/28/2007		A		677		(3)(4)		(3)(4)	Common Stock	677	7	\$27.88	6,885		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 accordance with Section 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 29 units will occur on the earlier of 12/31/07 (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 29 units will occur on the earlier of 12/31/08 (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 Michael Garrett

10/02/2007

\*\* Signature of Reporting Person

**OWNERSHIP** 

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.