Edgar Filing: HASBRO INC - Form 4

Form 4										
July 01, 2009	л							OMB A	PPROVAL	
FORM	UNITED	STATES		RITIES A			E COMMISSIO		3235-02	
Check this b if no longer subject to Section 16.		AENT OI	F CHAN	NGES IN SECUI	Estimated	Expires: January 3 200 Estimated average burden hours per				
Form 4 or Form 5 obligations may continue. See Instruction 1(b).										0.5
(Print or Type Res	sponses)									
1. Name and Address of Reporting Person <u>*</u> PHILIP EDWARD M			2. Issuer Name and Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer			
(Last) (First) (Middle)			HASBRO INC [HAS] 3. Date of Earliest Transaction				(Check all applicable)			
(Last) (First) (Middle) 115 DRAPER RD			(Month/Day/Year) 06/30/2009				X_ Director 10% Owner Officer (give title Other (specify below) below)			
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)			 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 				
WAYLAND,	MA 01778						Person	More than One R	eporting	
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivativo	e Securities A	Acquired, Disposed	of, or Beneficia	lly Owned	
	Transaction Date Ionth/Day/Year)		Date, if	3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3,	(A) or l of (D) 4 and 5) (A) or	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature o Indirect Beneficial Ownership (Instr. 4)	
Reminder: Report	on a separate line	e for each cl	ass of sec	urities bene	ficially ow	ned directly	or indirectly.			
					Perse infor requi	ons who re mation con red to resp ays a curre	spond to the colle tained in this forn ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amount of	8. Pric
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onof Derivative	Expiration Date	Underlying Securities	Deriva
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	Securi
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Acquired			(Instr.

	Derivative Security				(A) or Disposed of (D) (Instr. 3, 4, and 5)						
			Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock Units <u>(1)</u>	\$ 0 <u>(2)</u>	06/30/2009	A		1,227		(3)(4)	(3)(4)	Common Stock	1,227	\$ 24

Reporting Owners

Reporting Owner Name / Address	Relationships						
, e	Director	10% Owner	Officer	Other			
PHILIP EDWARD M 115 DRAPER RD WAYLAND, MA 01778	Х						
Cignotures							

Signatures

Tarrant Sibley, p/o/a for Edward M. Philip

**Signature of Reporting Person Date

Explanation of Responses:

- * 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).

07/01/2009

- (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.

Vesting of 47 units will occur on the earlier of 12/31/09 (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 47 units will occur on the earlier of 12/31/10 (provided the

(4) disability of refinement (after age 72) of the reporting person, vesting of 47 units will occur on the earlier of 12/31/10 (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.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.