Gersh Lisa Form 4 May 23, 2011

## FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**OMB APPROVAL** 

**OMB** 3235-0287 Number:

January 31, Expires: 2005

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Estimated average burden hours per response...

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

**SECURITIES** Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,

obligations may continue. See Instruction

Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \*

Gersh Lisa Issuer Symbol HASBRO INC [HAS] (Check all applicable) (First) (Middle) (Last) 3. Date of Earliest Transaction (Month/Day/Year) \_X\_\_ Director 10% Owner Other (specify Officer (give title 75 ROCKEFELLER 05/19/2011 below) PLAZA, FLOOR 23

2. Issuer Name and Ticker or Trading

(Street) 4. If Amendment, Date Original

Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check

5. Relationship of Reporting Person(s) to

Applicable Line)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

NEW YORK, NY 10019

per share)

| (City)                              | (State) (Z                           | Zip) Table                    | I - Non-De           | erivative S         | ecurit | ties Ac      | quired, Disposed o                             | of, or Beneficial         | ly Owned              |
|-------------------------------------|--------------------------------------|-------------------------------|----------------------|---------------------|--------|--------------|--|---------------------------|-----------------------|
| 1.Title of<br>Security              | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if | 3.<br>Transactio     | 4. Securit          |        | r            | 5. Amount of Securities                        | 6. Ownership Form: Direct | 7. Nature of Indirect |
| (Instr. 3)                          | , ,                                  | any                           | Code Disposed of (D) |                     | )      | Beneficially | (D) or   | Beneficial                |                       |
|                                     |                                      | (Month/Day/Year) (Instr. 8)   |                      | (Instr. 3, 4 and 5) |        |              | Owned  | Indirect (I)              | Ownership             |
|                                     |                                      |                               |                      |                     |        | Following    | (Instr. 4)                                     | (Instr. 4)                |                       |
|                                     |                                      |                               |                      | <b>A</b>            | (A) or | ъ.           | Reported<br>Transaction(s)<br>(Instr. 3 and 4) |                           |                       |
| ~                                   |                                      |                               | Code V               | Amount              | (D)    | Price        |  |                           |                       |
| Common<br>Stock (Par<br>Value \$.50 | 05/19/2011                           |                               | A                    | 2,726               | A      | \$0          | 5,642  | D                         |                       |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

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

#### Edgar Filing: Gersh Lisa - Form 4

| 1. Title of | 2.          | 3. Transaction Date |                    | 4.         | 5.         | 6. Date Exerc  |            | 7. Titl |              | 8. Price of | 9. Nu  |
|-------------|-------------|---------------------|--------------------|------------|------------|----------------|------------|---------|--------------|-------------|--------|
| Derivative  | Conversion  | (Month/Day/Year)    | Execution Date, if | Transacti  | orNumber   | Expiration D   | ate        | Amou    | int of       | Derivative  | Deriv  |
| Security    | or Exercise |                     | any                | Code       | of         | (Month/Day/    | Year)      | Under   | lying        | Security    | Secui  |
| (Instr. 3)  | Price of    |                     | (Month/Day/Year)   | (Instr. 8) | Derivative | e              |            | Securi  | ities        | (Instr. 5)  | Bene   |
|             | Derivative  |                     | •                  |            | Securities |                |            | (Instr. | 3 and 4)     |             | Owne   |
|             | Security    |                     |                    |            | Acquired   |                |            |         |              |             | Follo  |
|             |             |                     |                    |            | (A) or     |                |            |         |              |             | Repo   |
|             |             |                     |                    |            | Disposed   |                |            |         |              |             | Trans  |
|             |             |                     |                    |            | of (D)     |                |            |         |              |             | (Instr |
|             |             |                     |                    |            | (Instr. 3, |                |            |         |              |             | (      |
|             |             |                     |                    |            | 4, and 5)  |                |            |         |              |             |        |
|             |             |                     |                    |            | .,         |                |            |         |              |             |        |
|             |             |                     |                    |            |            |                |            |         | Amount       |             |        |
|             |             |                     |                    |            |            | Date           | Expiration |         | or           |             |        |
|             |             |                     |                    |            |            | Exercisable Da | -          | Title   | Title Number |             |        |
|             |             |                     |                    |            |            |                | Date       |         | of           |             |        |
|             |             |                     |                    | Code V     | (A) (D)    |                |            |         | Shares       |             |        |

# **Reporting Owners**

| Reporting Owner Name / Address                                       | Relationships |           |         |       |  |  |  |
|--|---------------|-----------|---------|-------|--|--|--|
| 1 8  | Director      | 10% Owner | Officer | Other |  |  |  |
| Gersh Lisa<br>75 ROCKEFELLER PLAZA<br>FLOOR 23<br>NEW YORK, NY 10019 | X             |           |         |       |  |  |  |

## **Signatures**

Tarrant Sibley, P/O/A for Lisa
Gersh

\*\*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).

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.

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