## Edgar Filing: Gersh Lisa - Form 4

Gersh Lisa											
Form 4	า										
April 03, 2012	Л								PPROVAL		
	UNITED	STATES					E COMMISSIO	OND	3235-0287		
Check this			vv a	shington	, D.C. 20	1549		Number:	January 31,		
if no longe subject to Section 16 Form 4 or	5. SIAIEN	AENT OF	F CHAN	NGES IN SECUI		ICIAL O	WNERSHIP OF	Expires: Estimated burden hou response.	urs per		
Form 5 obligations may contin <i>See</i> Instruct 1(b).	s Section 17(	a) of the H	Public U	Itility Hol	ding Cor		nge Act of 1934, of 1935 or Secti 1940				
(Print or Type Ro	esponses)										
1. Name and Ad Gersh Lisa	Person <sup>*</sup>	Symbol	er Name <b>and</b> RO INC [		Trading	5. Relationship of Reporting Person(s) to Issuer					
(Last)	(First) (I	Middle)	3. Date of Earliest Transaction				(Check all applicable)				
C/O MARTH OMNIMEDI STREET, 9T	(Month/Day/Year) 03/30/2012				X_ Director10% Owner Officer (give titleOther (specify below)Other (specify						
	4. If Amendment, Date Original Filed(Month/Day/Year)				<ul><li>6. Individual or Joint/Group Filing(Check</li><li>Applicable Line)</li><li>_X_ Form filed by One Reporting Person</li></ul>						
NEW YORK	K, NY 10001						Form filed by Person	More than One R	eporting		
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	Securities A	Acquired, Disposed	of, or Beneficia	lly Owned		
	2. Transaction Date Month/Day/Year)	Execution any	Date, if	3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3, 4	(A) or 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 of Indirect Beneficial Ownership (Instr. 4)		
Reminder: Repo	ort on a separate line	e for each cla	ass of sec	urities bene	ficially ow	ned directly	or indirectly.				
					Perso inform requir	ns who res nation cont 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)		
	Tab					posed of, or convertible	Beneficially Owner securities)	d			

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amount of	8. Price
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onof	Expiration Date	Underlying Securities	Derivativ

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8	Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		ities red sed 3, 4,	``````````		(Instr. 3 and 4)		Security (Instr. 5)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock Units <sup>(1)</sup>	\$ 0 <u>(2)</u>	03/30/2012		А		782		(3)(4)	(3)(4)	Common Stock	782	\$ 36.7

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Gersh Lisa C/O MARTHA STEWART LIVING OMI 601 WEST 26TH STREET, 9TH FLOOR NEW YORK, NY 10001	NIMEDIA	X				
Signatures						
Tarrant Sibley, P/O/A for Lisa Gersh	04/03/2012					

\*\*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).
- (1) All of the phantom stock units were acquired pursuant to the Hasbro, Inc. Deferred Compensation Plan for Non-Employee Directors in compliance with Rule 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 34 units will occur on the earlier of 12/31/2012 (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 34 units will occur on the earlier of 12/31/2013 (provided the
- (4) disability of rediction of 12/3/12/013 (provided the reporting person: vesting of 34 units will occur on the carnet of 12/3/12/013 (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.