Edgar Filing: Gersh Lisa - Form 4

Gersh Lisa Form 4											
July 03, 2012											
FORM	4								PPROVAL		
	UNITED	STATES		RITIES A Ashington			COMMISSIO	N OMB Number:	3235-0287		
Check this if no longe	r				DENIEE			Expires:	January 31, 2005		
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Section 16. Form 4 or								Estimated burden hou response	average Jrs per		
Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940											
(Print or Type Re	esponses)										
1. Name and Ad Gersh Lisa	2. Issuer Name and Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer						
			HASBRO INC [HAS]				(Check all applicable)				
(Last) C/O MARTH OMNIMEDI	3. Date of Earliest Transaction (Month/Day/Year) 06/29/2012				X_ Director 10% Owner Officer (give title Other (specify below) below)						
STREET, 9T	'H FLOOR										
				If Amendment, Date Original led(Month/Day/Year)			 6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person 				
NEW YORK	, NY 10001						Form filed by Person	More than One R	eporting		
(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									lly Owned		
	. 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	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Reminder: Repo	rt on a separate line	e for each cl	ass of sec	urities bene	ficially own	ned directly	or indirectly.				
					inforn requir	nation cont ed to response 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 Owned	1			

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	nof	Expiration Date	Underlying Securities	Derivativ

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 3	8)	Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		(Month/Day/Year)		(Instr. 3 and 4)		Security (Instr. 5)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock Units ⁽¹⁾	\$ 0 <u>(2)</u>	06/29/2012		А		865		(3)(4)	(3)(4)	Common Stock	865	\$ 33.8

Reporting Owners

Reporting Owner Name / Address		Relationships					
	Ľ	Director	10% Owner	Officer	Other		
Gersh Lisa C/O MARTHA STEWART LIVING OMNIN 601 WEST 26TH STREET, 9TH FLOOR NEW YORK, NY 10001	IEDIA	Х					
Signatures							
Tarrant Sibley, P/O/A for Lisa Gersh 07/0)3/2012						

**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 36 units will occur on the earlier of 12/31/2012 (provided 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 36 units will occur on the earlier of 12/31/2013 (provided
- (4) disability of reficting 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 is 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.