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Garrett Michael W Form 4	VΟ										
October 04, 2011											
FORM 4			GEGU			GHANGE			OMB APPROVAL		
Washington, D.C. 20549							N OMB Number:	3235-0287			
Check this box if no longer subject to Section 16. Form 4 or	IENT OF	F CHAN	IGES IN SECUI	Expires: Estimated a burden hou response	urs per						
Form 5 obligations may continue. <i>See</i> Instruction 1(b).	-	a) of the F	Public U	tility Hol	ding Cor		nge Act of 1934, of 1935 or Secti 940	·	0.0		
(Print or Type Respon	ises)										
1. Name and Address of Reporting Person <u>*</u> 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)				
(Last) (A	First) (M	st) (Middle) 3. Date of Earliest Transaction				(Check an applicable)					
C/O HASBRO, INC., 1011 NEWPORT AVENUE			(Month/Day/Year) 09/30/2011			X_ Director 10% Owner Officer (give title Other (specify below) below)					
(Street) 4. If Amendment, Date Original Filed(Month/Day/Year)			1	 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 							
PAWTUCKET, I	RI 02860						Person	More than One K	eporting		
(City) (S	State)	(Zip)	Tab	le I - Non-J	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned		
(Instr. 3) any		Execution	Date, if TransactionAcquired (A) or Code Disposed of (D)			(A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V	Amount	(A)or(D) Price	Transaction(s) (Instr. 3 and 4)				
Reminder: Report on	a separate line	for each cla	ass of secu	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 form 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

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(Instr. 3)	Price of Derivative Security	(Month/Day/Year)	(Instr. 8)	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			(Instr.			
			Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock Units <u>(1)</u>	\$ 0 <u>(2)</u>	09/30/2011	А	1,110		(3)(4)	(3)(4)	Common Stock	1,110	\$ 32

Reporting Owners

Reporting Owner Name / Address				
	Director	10% Owner	Officer	Other
Garrett Michael W O C/O HASBRO, INC. 1011 NEWPORT AVENUE PAWTUCKET, RI 02860	Х			
Signatures				
Tarrant Sibley, P/O/A for Mich Garrett		10/04/2	2011	

<u>**Signature of Reporting Person</u>

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 43 units will occur on the earlier of 12/31/2011 (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 43 units will occur on the earlier of 12/31/2012 (provided the

(4) disability of refinement (after age 72) of the reporting person. Vesting of 43 units will occur on the earlier of 12/3/12012 (provided the reporting person is still a director as of such date) and the death, disability or refirement (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.