Edgar Filing: HASBRO INC - Form 4

HASBRO IN	С						
Form 4 October 02, 2	009						
() () () () () () () () () ()					OMB AF	PROVAL	
FORM	OMB Number:	3235-0287					
Check this if no longe subject to Section 16 Form 4 or Form 5 obligation may contin <i>See</i> Instruct 1(b).	er STATEN 5. Filed put s Section 17(Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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 R	esponses)						
1. Name and Address of Reporting Person <u>*</u> VERRECCHIA ALFRED J			Issuer Name and Ticker or Trading nbol ASBRO INC [HAS]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First) (Middle) 3. D	Date of Earliest Transaction	(Check an applicable)			
C/O HASBRO INC, 1011 NEWPORT AVENUE			onth/Day/Year) /30/2009	X Director 10% Owner Officer (give titleX Other (specify below) Chairman			
(Street)			f Amendment, Date Original cd(Month/Day/Year)	 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 			
PAWTUCKI	ET, RI 02862			Form filed by Me Person	ore than One Re	porting	
(City)	(State)	(Zip)	Table I - Non-Derivative Securities A	cquired, Disposed of,	or Beneficial	ly Owned	
	2. Transaction Date Month/Day/Year)	Execution Date any	3. 4. Securities e, if TransactionAcquired (A) or Code Disposed of (D) ear) (Instr. 8) (Instr. 3, 4 and 5) (A) or Code V Amount (D) Price	SecuritiesForBeneficially(EOwned(E)	orm: Direct D) or Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Reminder: Repo	ort on a separate line	e for each class o	f securities beneficially owned directly o	or indirectly.			
			Persons who res information conta required to respo	pond to the collect ained in this form a ond unless the form atly valid OMB cont	ire not 1	EC 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. Price
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	onof	Expiration Date	Underlying Securities	Derivativ
Security	or Exercise		any	Code	Derivative	(Month/Day/Year)	(Instr. 3 and 4)	Security

Edgar Filing: HASBRO INC - Form 4

(Instr. 3)	Price of Derivative Security	(Month/Day/Year)	(Instr.	8)	Acqui (A) or Dispos of (D) (Instr.	Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)				(Instr. 5)	
			Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock Units ⁽¹⁾	\$ 0 <u>(2)</u>	09/30/2009	А		554		(3)(4)	(3)(4)	Common Stock	554	\$ 27.7

Reporting Owners

Reporting Owner Name / Address	Relationships						
For 8 o mana a ma	Director	10% Owner	Officer	Other			
VERRECCHIA ALFRED J C/O HASBRO INC 1011 NEWPORT AVENUE PAWTUCKET, RI 02862	X			Chairman			
Signatures							
Tarrant Sibley, p/o/a for Alfred Verrecchia	J.	10/	/02/2009)			

<u>**</u>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 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.
- (4) Vesting of 25 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 25 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.