Form **8937**(December 2011)
Department of the Treasury
Internal Revenue Service

Report of Organizational Actions Affecting Basis of Securities

➤ See separate instructions.

OMB No. 1545-2224

Part I Reporting Issue	r		·		
1 Issuer's name				2	Issuer's employer identification number (EIN)
HANESBRANDS INC.		-	N	+_	20-3552316
3 Name of contact for addition	nal information 4	Telephone	No. of contact	5	Email address of contact
T.C. Robillard		336-519-	2115		ir@hanes.com
6 Number and street (or P.O.				7	City, town, or post office, state, and Zip code of contact
·			·		
1000 E HANES MILL	ROAD				WINSTON SALEM, NC 27105-1384
8 Date of action		9 Class	sification and description		
2015 - SEE BELOW		GAGU DI	COMPANIENT ON THE CHARDS OF THE	D.G. 0.T	T HANDODDANDO COMMON CEOCK
10 CUSIP number	11 Serial numbe		12 Ticker symbol	13	F HANESBRANDS COMMON STOCK Account number(s)
		- (-)			
410345102			HBI		
Part II Organizational	Action Attach ad	ditional stat	ements if needed. See back	of fo	orm for additional questions.
14 Describe the organization	al action and, if app	licable, the d	ate of the action or the date ag	ainst	which shareholders' ownership is measured for
					tions per share to the
common shareholders	or record (on the s	pecified dates as	SIIOW	m below:
Date of Record:	Amo	ount per	Share:		Date Paid:
February, 9, 2015		.40			March 3, 2015
May 21, 2015		.10			June 11, 2015
August 18, 2015		.10			September 9, 2015
November 17, 2015	\$0	.10			December 8, 2015
15 Describe the quantitative	effect of the organi	zational actio	on on the basis of the security i	n the	hands of a U.S. taxpayer as an adjustment per
share or as a percentage of					
					consult their tax advisor.
Currently, based on made by Hanesbrands					nds during the 2015 calendar
					dividend distribution.
					nd is approximately 55% and
the non-dividend di	stribution :	is appro	ximately 45%.		
					d distribution is first
					e stock held, and when the
			a non-dividend di	strı	ibution is then treated as
capital gain to the	snarenolde	rs.			
16 Describe the calculation of	of the change in he	osis and the	data that supports the calculat	ion c	such as the market values of securities and the
valuation dates Hane	sbrands Inc	is expe	cted to have domest	ion, s	earnings and profits in 2015
that support divide	nd treatment	t for 55	% of the distribut:		made by the company. The
remaining 45% is a	non-dividen	d distri	bution.		

Part II 7 List t	Organizational Action (contin	iucu)		
7 List		,		
	the applicable Internal Revenue Code	section(s) and subsection(s) upon wh	ich the tax treatment is based	\rightarrow 301(c) and 316(a
8 Can	any resulting loss be recognized? ▶	N/A		
J Can	arry resulting loss be recognized:			
9 Prov	ride any other information necessary to	o implement the adjustment, such as t	he reportable tax year ▶ NC	DNE
9 Prov	ride any other information necessary to	o implement the adjustment, such as t	he reportable tax year ▶ NC	DNE
9 Prov	ride any other information necessary to	o implement the adjustment, such as t	he reportable tax year ▶ NC	DNE
9 Prov	ride any other information necessary to	o implement the adjustment, such as t	he reportable tax year ▶ NC	ONE
9 Prov	ride any other information necessary to	o implement the adjustment, such as t	he reportable tax year ▶ NC	DNE
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	Under penalties of perjury, I declare that I	have examined this return, including accom	panying schedules and statement	s, and to the best of my knowledge and
		have examined this return, including accom	panying schedules and statement	s, and to the best of my knowledge and
Sign lere	Under penalties of perjury, I declare that I belief, it is true, correct, and complete. De	have examined this return, including accomclaration of preparer (other than officer) is l	panying schedules and statement passed on all information of which p	s, and to the best of my knowledge and
Sign lere	Under penalties of perjury, I declare that I belief, it is true, correct, and complete. De	have examined this return, including accome claration of preparer (other than officer) is	panying schedules and statement passed on all information of which p	s, and to the best of my knowledge and
Sign lere	Under penalties of perjury, I declare that I belief, it is true, correct, and complete. De Signature ▶ Print your name ▶Janice Seven	have examined this return, including accomsclaration of preparer (other than officer) is the	panying schedules and statement passed on all information of which passed on Title ASSI	is, and to the best of my knowledge and preparer has any knowledge.
Sign	Under penalties of perjury, I declare that I belief, it is true, correct, and complete. De	have examined this return, including accome claration of preparer (other than officer) is	panying schedules and statement passed on all information of which p	is, and to the best of my knowledge and preparer has any knowledge. Listant Secretary Check
Sign	Under penalties of perjury, I declare that I belief, it is true, correct, and complete. De Signature Print your name Janice Seven Print/Type preparer's name	have examined this return, including accomsclaration of preparer (other than officer) is the	panying schedules and statement passed on all information of which passed on Title ASSI	is, and to the best of my knowledge and preparer has any knowledge.