FORM 4

obligations may continue. See

Instruction 1(b)

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* McReynolds Joan					2. Issuer Name and Ticker or Trading Symbol Hanesbrands Inc. [HBI]									(Ch	eck all appli Directi	ector icer (give title		son(s) to Iss 10% Ov Other (s	vner	
(Last) (First) (Middle) 1000 EAST HANES MILL ROAD					3. Date of Earliest Transaction (Month/Day/Year) 04/30/2007									7	below)			below)	·	
(Street) WINSTO	ON- N	C :	27105		4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(S	tate)	(Zip)																	
		Tab	le I - Non-l	Deriva	tive	Sec	uritie	s Ac	quire	l, Di	ispo	osed c	of, or B	ene	ficial	y Owne	t			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				Execution Date			Cod	sactions (Inst	on I		ecurities Acquired (A ossed Of (D) (Instr. 3, out (A) or (D)			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)		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/Y	Co	Transactio Code (Inst				6. Date Exercisable and Expiration Date (Month/Day/Year)			le and	7. Title a Amount Securitie Underlyi Derivativ (Instr. 3	of es ng re Sec and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)	,	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Code	ode	v	(A)	(D)	Date Exercis	able	Exp Date	oiration te	Title	or Nu of	mber ares					
Phantom Stock ⁽¹⁾	(1)	04/30/2007			A		2,293		(2)			(2)	Common	2,	293	\$26.59 ⁽³⁾	4,161		D	

Explanation of Responses:

- 1. Represents a hypothetical investment in Hanesbrands Inc. common stock under the Hanesbrands Inc. Supplemental Employee Retirement Plan (the "Plan"). Following the reporting person's retirement or other termination of employment from Hanesbrands Inc., balances in the Plan are settled in cash based on the value of Hanesbrands Inc. common stock on the applicable distribution dates determined under the terms of the Plan. The number of share equivalents shown is an estimate because the reporting person's interest in the Plan is denominated in units.
- 2. Following the reporting person's retirement or other termination of employment from Hanesbrands Inc., balances in the Plan are settled in cash based on the value of Hanesbrands Inc. common stock on the applicable distribution dates determined under the terms of the Plan.
- 3. The number of share equivalents reported was determined by dividing the dollar amount credited to the reporting person's account by \$26.59 (the closing price for Hanesbrands Inc. common stock on the allocation date of April 30, 2007).

Remarks:

See attached footnote page.

Catherine A. Meeker, Attorney-in-Fact

05/02/2007

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.