FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	<b>OWNERSHIP</b>

OMB APPROVAL								
OMB Number:	3235-028							
Estimated average b	urden							

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

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OMB Number:	3235-0287						
Estimated average burden							
hours per response:	0.5						
	*						

1. Name and Address of Reporting Person*  GRIFFIN BOBBY J			2. Issuer Name and Ticker or Trading Symbol Hanesbrands Inc. [ HBI ]								(Ch	Relationship of Reporting Person(s) to Issuer (Check all applicable)							
<u>ORITTIN BODD I J</u>								-						X Directo			10% O		
(Last) (First) (Middle) 1000 EAST HANES MILL ROAD				3. Date of Earliest Transaction (Month/Day/Year) 12/31/2019									Officer (give title below)		Other ( below)	specify			
(Street) WINSTO	ON- N	C 2	27105		4. If	Ame	endment,	Date o	of Original F	Filed	(Month/D	ay/Year)		Line	X Form	filed by One	Repo	orting Perso	on
(City)	(S	tate) (	(Zip)																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					Execution Date,		, Transaction Disposed Code (Instr. 5)		rities Acquired (A) ed Of (D) (Instr. 3, 4		A) or , 4 and	Benefici Owned I	es F ially (I Following (I	Form (D) or	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
						Code	v	Amount	(A) or (D)		Price	Reporte Transac (Instr. 3	tion(s)			(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. Deeme Execution if any (Month/Day	Date,	i. Transaction Code (Instr. )		n of		6. Date Exercisable an Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		urity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4)	y Ov Fo Dii or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Cod	Code	v	(A)		Date Exercisable		xpiration ate	Title	or Nur of	ount mber ares	er				
Phantom Stock <sup>(1)</sup>	(2)	12/31/2019			A		1,683		(3)		(3)	Common Stock	1,	683	\$14.85	283,253		D	

## **Explanation of Responses:**

- 1. Represents a stock equivalent account (the "HBI Stock Fund") balance in the Hanesbrands Inc. Non-Employee Deferred Compensation Plan (the "Plan"). Balances in the HBI Stock Fund are settled on a share-for-share basis in shares of Hanesbrands Inc. common stock.
- 3. Balances in the HBI Stock Fund are settled on a share-for-share basis in shares of Hanesbrands Inc. common stock (i) with respect to deferrals prior to January 1, 2008, at the time specified by the Reporting Person at the time of the Reporting Person's deferral election, which in no case shall be prior to the January 1 following the first anniversary of the date the deferral election is made and (ii) with respect to deferrals on or after January 1, 2008, on the earlier of the fifth anniversary of the date of the deferral or the Reporting Person's separation from service as a member of the Hanesbrands Inc. Board of Directors.

## Remarks:

Joia M. Johnson, attorney-in-01/02/2020 fact

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.