FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APP	ROVAL
OMB Number:	3235-0287

0.5

Estimated average burden hours per response:

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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

					or	Secti	on 30(h)	of the	Investme	nt Con	npany Act	of 194	40						
1. Name and Address of Reporting Person* <u>GRIFFIN BOBBY J</u>					2. Issuer Name and Ticker or Trading Symbol Hanesbrands Inc. [HBI]									eck all appli	ionship of Reporting Person(s) to Issuer all applicable)				
														X Directo			10% Ow		
(Last) (First) (Middle) 1000 EAST HANES MILL ROAD					3. Date of Earliest Transaction (Month/Day/Year) 12/31/2010										Officer (give title below)		Other (s below)	pecify	
(Street) WINSTO	ON- N	C	27105		4. 1	f Ame	endment,	Date (of Origina	l Filed	(Month/Da	ay/Yea	ar)	Line	e) <mark>X</mark> Form f	iled by One	e Repo	(Check Apporting Persor	ı
(City)	(S	tate)	(Zip)												. 0.00.				
		Tab	le I - Nor	n-Deriv	ative	e Se	curities	s Ac	quired	Dis	posed c	of, or	r Ben	eficial	ly Owned	k			
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Acquired Disposed Of (D) (Instr. 5)				Securition Beneficition Owned I	5. Amount of Securities Beneficially Owned Following		: Direct c r Indirect E str. 4) C	7. Nature of Indirect Beneficial Ownership				
								Code	v	Amount		(A) or (D)	Price	Transac	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
		7	Гable II -								osed of, onverti				Owned				
1. Title of Derivative Security (Instr. 3)	rative Conversion Date Execution Date, if any		Date,		ransaction of E code (Instr. Derivative (6. Date Exercisable and Expiration Date (Month/Day/Year)			Amo Secu Unde Deriv	tle and bunt of urities erlying vative S rr. 3 and	4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
		I	1			1								Amount		I			

Explanation of Responses:

(2)

1. Represents a Stock Equivalent Account balance under the Hanesbrands Inc. Non-Employee Director Deferred Compensation Plan (the "Plan"). Balances in the Stock Equivalent Account may not be reallocated and are settled on a share-for-share basis of Hanesbrands Inc. common stock.

(D)

Date

Exercisable

(4)

Expiration Date

(4)

Title

Common

Stock

2. 1-for-1

Phantom

Stock⁽¹⁾

- 3. Represents a deferral by the Reporting Person to a Stock Equivalent Account balance under the Plan, as determined by dividing the dollar amount of the deferral by \$25.40 (the closing market quote for Hanesbrands Inc. common stock on December 31, 2010).
- 4. Balances in the Stock Equivalent Account are settled on a share-for-share basis 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:

<u>Catherine A. Meeker Attorney-</u>in-Fact

or Number

Shares

738

\$25.4⁽³⁾

01/04/2011

Date

29 734

D

** Signature of Reporting Person

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).

12/31/2010

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Code V

Α

(A)

738⁽³⁾

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.