FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

hington,	D.C.	20549		

OMB APPRO	VAL				
OMB Number:	3235-0287				
Estimated average burd	en				
hours per response:	0.5				

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

1. Name and Address of Reporting Person* <u>GRIFFIN BOBBY J</u>						2. Issuer Name and Ticker or Trading Symbol Hanesbrands Inc. [ HBI ]								neck all X D	ationship of Reporting k all applicable) Director Officer (give title below)		g Person(s) to Issue 10% Own Other (spe below)		ner
(Last) (First) (Middle) 1000 EAST HANES MILL ROAD						3. Date of Earliest Transaction (Month/Day/Year) 03/31/2021													pecify
(Street) WINSTO	N(		27105		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)						Lin	Individual or Joint/Group Filing (Check Applicable lee)  X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(St		(Zip)	Doriv	rotivo		ouritio.	. ^ ^	auirod D	ion		of or Do	noficio	lly Ou					
Table I - Non-Derive  1. Title of Security (Instr. 3)  2. Transa Date (Month/L				action	ction 2A. Deemed Execution Date,		3. Transact Code (In:	4. Securiti		rities Acquired (A) o		5. Amount of		int of es ally Following d tion(s)	Form (D) or	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Dwnership Instr. 4)		
		Т							uired, Dis , options					y Owr	ed				
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,	4. Transa Code ( 8)				6. Date Exercisal Expiration Date (Month/Day/Year		7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		f g Security	Deriva Secur	. Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
						v	(A)	(D)	Date Exercisable	Ex Da	piration ite	Title	Amount or Number of Shares						
Phantom Stock <sup>(1)</sup>	(2)	03/31/2021			A		1,398		(3)		(3)	Common Stock	1,398	\$19.	67	319,953	(4)	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.
- 2. 1-for-1
- 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.
- 4. Includes acquisition of 2,396.36 phantom stock units acquired through deemed dividend reinvestment on March 9, 2021.

## Remarks:

Joia M. Johnson, attorney-in-

fact

04/01/2021

\*\* 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).
- \*\* 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.