Instruction 1(b)

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OF	WNERSHIP

l	OMB APPROVAL									
	OMB Number:	3235-0287								
l	Estimated average burden									
ı	hours nor resnonse.	0.5								

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* MULCAHY J PATRICK						2. Issuer Name and Ticker or Trading Symbol Hanesbrands Inc. [HBI]								eck all ap		ing Per	son(s) to Iss 10% Ov	
(Last) (First) (Middle) 1000 EAST HANES MILL ROAD						3. Date of Earliest Transaction (Month/Day/Year) 09/30/2014									cer (give title w)	e	Other (s below)	pecify
(Street) WINSTON- SALEM NC 27105			4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S		(Zip)															
		Tab	le I - Nor	n-Deriv	/ative	_			quired, D	isp				ly Owr	ed			
1. Title of Security (Instr. 3) 2. Trans Date (Month/I					Execution Date,			3. Transaction Code (Instr. 3, 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			ed (A) or str. 3, 4 and) or 5. Amou Securitie Benefici Owned F		Forn (D) c	orm: Direct D) or Indirect) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	,	Amount	(A) or (D)	Price	Tran	action(s) 3 and 4)			,iii3ii. 4)
		Т							uired, Dis , options			•		/ Owne	d	,	,	
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, Transac Code (I					6. Date Exercisa Expiration Date (Month/Day/Yea			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price Derivati Security (Instr. 5)	e derivati	ve es ially ng d tion(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable		opiration	Title	Amount or Number of Shares					
Phantom Stock ⁽¹⁾	(2)	09/30/2014			A		255 ⁽³⁾		(4)		(4)	Common Stock	255	\$107.44	³⁾ 51,82	.0 ⁽⁵⁾	D	

Explanation of Responses:

- 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.
- 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 \$107.44 (the closing market quote for Hanesbrands Inc. common stock on September 30, 2014).
- 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.
- 5. Includes 147.397 phantom stock units acquired through deemed dividend reinvestment on September 3, 2014.

Remarks:

Joia M. Johnson, Attorney-In-**Fact**

10/02/2014

** 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.