FORM 4

obligations may continue. See

Instruction 1(b)

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

Check this box if no longer subject to Section 16. Form 4 or Form 5	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
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OMB APPROVAL OMB Number: Estimated average burden hours per response: 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* <u>Hall Kevin</u>						2. Issuer Name and Ticker or Trading Symbol Hanesbrands Inc. [HBI]								Chec	k all appl Direct	hip of Reporting I pplicable) ector icer (give title		on(s) to Iss 10% Ov Other (s	ner
(Last) (First) (Middle) 1000 EAST HANES MILL ROAD					3. Date of Earliest Transaction (Month/Day/Year) 03/04/2008								X	below		rketir	below)		
(Street) WINSTO	ON- N	C :	27105		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					on
(City)	(S	tate)	(Zip)												1 0100				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				Execution Date			Code		Dispose	rities Acqui ed Of (D) (Ir	nstr. 3, 4	and	5. Amou Securiti Benefic Owned Reporte Transac (Instr. 3	cially (D) Following ed ction(s)		Direct Indirect str. 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 D if any (Month/Day	Date, T	1. Fransa Code (1		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)		De Se (Ir	. Price of erivative ecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	, E	10. Dwnership Form: Direct (D) or Indirect I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisal		xpiration ate	Title	Amour or Number of Shares	r					
Phantom Stock ⁽¹⁾	(1)	03/04/2008			A		694		(2)		(2)	Common Stock	694	\$	27.78 ⁽³⁾	694	\top	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 \$27.78 (the closing price for Hanesbrands Inc. common stock on the allocation date of March 4, 2008).

Remarks:

Catherine A. Meeker, 03/06/2008 Attorney-in-Fact

** 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.