FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	VAL						
	OMB Number:	3235-0287						
	Estimated average burden							
l	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).

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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Name and Address of Reporting Person*  Evans Gerald							2. Issuer Name and Ticker or Trading Symbol Hanesbrands Inc. [ HBI ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Evalis Geralu															X Director		r	10%	Owner	
(Last) (First) (Middle)							Date of Earliest Transaction (Month/Day/Year)									fficer ( elow)			r (specify v)	
1000 EAST HANES MILL ROAD							01/30/2018								Chief Executive Officer					
1000 EAST HAIVES WILL ROAD																				
(Street)						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
	VINSTON- NC 27105														ine) X Form filed by One Reporting Person					
SALEM	ALEM														Form filed by More than One Reporting					
														Person				porting		
(City)	(St	ate) (	Zip)																	
		Tabl	e I - No	n-Deriv	ative	Se	curitie	s Acc	quired,	Dis	posed o	f, o	r Ber	neficia	ally Ov	ned				
1. Title of S	ecurity (Inst	r. 3)		2. Trans	action	Execution Date, ay/Year) if any			3. 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) Code (Instr. 5)					, 4 and Secur Benef			6. Ownership	7. Nature		
				Date (Month/I	Day/Yea								r. 3, 4 aı			ally	Form: Direct (D) or Indirect	of Indirect Beneficial		
							(Month/Day/Year)		8)		<u> </u>				Own Repo			(I) (Instr. 4)	Ownership (Instr. 4)	
									Code	v	Amount		(A) or (D)	Price	Tra	nsaction(s) str. 3 and 4)				
Common Stock 01/30/2							2018		A		142,503(1)		A	\$	0	1,180,706		D		
								+				+	_	+			D			
Common Stock															119		I	By 401(k)		
Common Stock															119		1	plan		
																Pian				
		Та									sed of,				y Own	ed				
			(	(e.g., p	uts, c	alls	s, warr	ants,	option	s, c	onvertib	le s	ecur	ities)						
1. Title of Derivative	2. Conversion	3. Transaction Date	3A. Deem Execution		4. Transac				6. Date Exercisable and Expiration Date			7. Title and Amount of			8. Price Derivati		Number of erivative	10. Ownership	11. Nature of Indirect	
Security	or Exercise	(Month/Day/Year)	if any	·	Code (		tr.   Derivative   (		(Month/D		ar) Se		Securities		Security	Se	Securities	Form:	Beneficial	
(Instr. 3)	Price of Derivative		(Month/Day/Year		r)   8)		Securities Acquired					Underlying Derivative			(Instr. 5)	0/	eneficially wned	Direct (D) or Indirect	Ownership (Instr. 4)	
	Security					(A) or Disposed of (D) (Instr. 3, 4					Security (Instr. and 4)		nstr. 3	1		Following Reported	(I) (Instr. 4)			
								""" ',				,			Tr	Transaction(s) (Instr. 4)	s)			
						and 5)									("	11301. 4)				
														nount						
														ımber						
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	of Sh	nares						

## **Explanation of Responses:**

1. Consists of a performance share award ("PSA") granted to the Reporting Person on December 13, 2016. The number of shares of common stock that will be received upon vesting of the PSA was determined on January 30, 2018 based on the achievement of certain performance metrics during the fiscal year ended December 30, 2017. The PSA will be settled on a one-for-one basis in shares of common stock on December 13, 2019.

## Remarks:

<u>Joia M. Johnson, attorney-in-fact</u>

02/01/2018

\*\* 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.