FORM 4

obligations may continue. See

Instruction 1(b)

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

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

Name and Address of Reporting Person* Oliver Kevin			2. Issuer Name and Ticker or Trading Symbol Hanesbrands Inc. [HBI]								heck all app Direc		Person(s) to Is 10% O Other (wner			
(Last) (First) (Middle) 1000 EAST HANES MILL ROAD			3. Date of Earliest Transaction (Month/Day/Year) 05/30/2007								^ below			opeoy			
(Street) WINSTO	ON- N	C 2	27105		4. If Amendment, Date of Original Filed (Month/Day/Year)						ne) X Form Form	,					
(City)	(Si	tate) ((Zip)														
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				Execution Date, if any (Month/Day/Year) Execution Date, if any (Month/Day/Year) Transaction Code (Instr. 8) Transaction Disposed Of (D) (Instr. 3 5) (A) or				str. 3, 4 ar	Securit Benefic Owned Report Transa	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 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)	Execution Dat	ate, T	Code (Instr.				6. Date Exercisable and Expiration Date (Month/Day/Year)		nd	7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				c	ode	v	(A)	(D)	Date Exercisable	Expirati Date	ion	Title	Amount or Number of Shares				
Phantom Stock ⁽¹⁾	(1)	05/30/2007			A		808		(2)	(2)		Common Stock	808	\$25.57 ⁽³⁾	3,691	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 \$25.57 (the closing price for Hanesbrands Inc. common stock on the allocation date of May 30, 2007)

Remarks:

See attached footnote page.

Catherine A. Meeker, Attorney-in-Fact.

06/01/2007

** 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.