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

STATEMENT OF CHANGES IN BENEFICIAL OWN	ERSHIP
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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* MULCAHY J PATRICK						2. Issuer Name and Ticker or Trading Symbol Hanesbrands Inc. [HBI]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) (First) (Middle) 1000 EAST HANES MILL ROAD						3. Date of Earliest Transaction (Month/Day/Year) 12/31/2015								X Direct Office below	r (give title		10% Ow Other (s below)	
(Street) WINSTO	ON- N	С :	27105		4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)								e) X Form	dual or Joint/Group Filing Form filed by One Repor Form filed by More than Person			1
(City)	(S	tate)	(Zip)															
		Tab	le I - Nor	-Deriv	ative	Sec	curities	s Ac	quired, D	isposed	of,	or Bei	neficial	ly Owne	d			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					ar) E	2A. Deemed Execution Date, if any (Month/Day/Year		Transaction Disposed Code (Instr. 5)			ties Acquired (A) o d Of (D) (Instr. 3, 4		Benefic Owned	es ially Following	Form:	Direct of Indirect Estr. 4)	7. Nature of Indirect Beneficial Ownership	
								Code V	Amou	nt	(A) or (D)	Price	Reporte Transac (Instr. 3	ction(s)			(Instr. 4)	
		T							uired, Dis s, options					Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transactio Code (Inst				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable	Expiratio Date		itle	Amount or Number of Shares					
Phantom Stock ⁽¹⁾	(2)	12/31/2015			A		764 ⁽³⁾		(4)	(4)		Common	764	\$29.43 ⁽³⁾	193,084		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 \$29.43 (the closing market quote for Hanesbrands Inc. common stock on December 31, 2015).
- 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.

Remarks:

Joia M. Johnson, attorney-in-

01/05/2016

fact

** 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.