FORM 4

## 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 obligations may continue. See Instruction 1(b).

## 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

1. Name and Address of Reporting Person* <u>LEE SARA CORP</u>						2. Issuer Name and Ticker or Trading Symbol Hanesbrands Inc. [ HBI ]									Relationshi neck all ap Dire	,	g Perso	on(s) to Is	
(Last) (First) (Middle) THREE FIRST NATIONAL PLAZA						3. Date of Earliest Transaction (Month/Day/Year) 09/05/2006									Offic belo	er (give title w)		Other below)	(specify
(Street) CHICAGO IL 60602 (City) (State) (Zip)				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. l Lin	e) X Forr Forr	dual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da						Execution Date,			3. Transa Code (I 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4				5) Secur Benef Owne	icially d Following	Form:	Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount		A) or D)	Price	Trans	Reported Transaction(s) (Instr. 3 and 4)			(msu. 4)
Common Stock 09/05/2					/2006	.006		J <sup>(1)</sup>		96,306,232		D	(1)		0		D		
	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 if any	any ( onth/Day/Year) 8		ransaction code (Instr.		of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercis Expiration Dat (Month/Day/Ye)  Date Exercisable		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amoun or Numbe of Title Shares		unt	3. Price of Derivative Security Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)	Ow For Dir or (I)	rnership rm: ect (D) Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

## **Explanation of Responses:**

1. On September 5, 2006, Sara Lee Corporation ("Sara Lee") distributed all of the shares of its wholly-owned subsidiary, Hanesbrands Inc. ("Hanesbrands"), to holders of record of Sara Lee common stock as of the close of business on August 18, 2006. The distribution was made to stockholders of Sara Lee on a pro rata basis by means of a stock dividend. Prior to the September 5th distribution date, Hanesbrands recapitalized the Hanesbrands common stock held by Sara Lee such that Sara Lee was able to distribute to its stockholders one share of Hanesbrands common stock for every eight shares of Sara Lee common stock. This recapitalization resulted in Sara Lee's distribution of 96,306,232 shares of Hanesbrands common stock. The closing conditions to the distribution were satisfied on September 5, 2006.

## Remarks:

Roderick A. Palmore

Executive Vice President, 09/07/2006

General Counsel and Secretary

\*\* 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.