FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
- 1	Estimated average l	nurdon								

0.5

hours per response:

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	Sectio	n 30(h)	of the	Înve	estment (Compa	any Act	of 19	40							
Name and Address of Reporting Person* Ram Jonathan						2. Issuer Name and Ticker or Trading Symbol Hanesbrands Inc. [HBI]										neck all D	ationship of Reportin (all applicable) Director		10% O		wner
(Last) (First) (Middle) 1000 E HANES MILL ROAD						3. Date of Earliest Transaction (Month/Day/Year) 05/31/2019										^ b	Officer (give title below) Group Pres., Globa			Other (s below) Activewe	·
Street) WINSTON SALEM 27105					4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)									S. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(St	ate)	(Zip)																		
		Tab	le I - Noi	n-Deriv	/ative	Sec	uritie	es Ac	cqui	ired, D	ispo	sed o	of, o	r Ben	eficia	lly Ov	vne	d			
L. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						Execution Dat			Code (Instr.			4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				4 and Se Be Ov		5. Amount of Securities Beneficially Owned Following Reported		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									(Code	/ F	Amount		(A) or (D) Pric		Tranca		tion(s)			(111301. 4)
		Т	able II -	Deriva (e.g., p												Owr	ed		,		
Title of Derivative Gecurity Instr. 3)	Conversion	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,		ansaction ode (Instr.		of		6. Date Exercisable Expiration Date (Month/Day/Year)			Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)		4) mount			9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Owners Form: Direct (or Indir (I) (Inst	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exer	e rcisable	Expi	iration	Title		r lumber f shares						

${\bf Explanation\ of\ Responses:}$

(1)

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. or as otherwise permitted under the terms of the Plan, balances in the Plan are settled in cash based on the value of Hanesbrands Inc. common stock on the applicable valuation 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.

31

(2)

2. Following the Reporting Person's retirement or other termination of employment from Hanesbrands Inc. or as otherwise permitted under the terms of the Plan, balances in the Plan are settled in cash based on the value of Hanesbrands Inc. common stock on the applicable valuation dates determined under the terms of the Plan.

Remarks:

Phantom

Stock⁽¹⁾

/s/ Joia M. Johnson, attorney in 65/31/2019

\$16.4

756

D

** Signature of Reporting Person Date

Common

Stock

31

(2)

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly \ or \ indirectly.$

* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

05/31/2019

** 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.