FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). | STAT |
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| Name and Address of Reporting Person* | |

EMENT 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* JOHNSON JOIA M | | | | | | 2. Issuer Name and Ticker or Trading Symbol Hanesbrands Inc. [HBI] | | | | | | | | | neck all a Di | ship of Reportin applicable) rector fficer (give title | | ssuer Owner (specify | |
|--|--|--|---------|----------|--------|--|------------------|---|-----------------------------------|-----------------------------|--------------------|---|--------------|---------|--|---|---|--|--|
| (Last) (First) (Middle) 1000 EAST HANES MILL ROAD | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/10/2015 | | | | | | | | | A be | elow) | below cr, GC&Corp |) | |
| (Street) WINSTC | ON- NO | 3 2 | 27105 | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) 03/12/2015 | | | | | | | | Lin | 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 | | Zip) | | | | | | | | | | | | | | | | |
| | | Tabl | e I - N | on-Deriv | vative | Sec | uritie | s Ac | quire | d, Di | sposed o | f, or | Ben | eficial | lly Ow | ned | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/ | | | | | | Execution Date, | | Date, | Transaction Disposed Code (Instr. | | | es Acquired (A) or Of (D) (Instr. 3, 4 a | | | Sec Bei Ow | Amount of curities neficially red Following ported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or | Price | Tra | nsaction(s) str. 3 and 4) | | (| |
| Common Stock 03/10/2 | | | 2015 | 015 | | | J ⁽¹⁾ | | 16,000(1) | I |) : | \$30.89 |) (1) | 460,516 | 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) | if any | | | Transaction Code (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Exerc tion Da h/Day/\ | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | str. 3 | 8. Price (Derivativ Security (Instr. 5) | | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercis | sable | Expiration Date | Title | or | nber | | | | | |

Explanation of Responses:

1. On March 10, 2015, the reporting person made an irrevocable contribution of Hanesbrands Inc. common stock to an exchange fund in exchange for shares of the exchange fund. Upon the closing of the exchange fund on April 30, 2015, all of the shares of Hanesbrands Inc. common stock contributed by the reporting person were accepted by the exchange fund. The reporting person is amending this Form 4 to reflect the final number of shares accepted by the exchange fund and the value of such shares.

Remarks:

Joia M. Johnson

05/01/2015

** 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.