obl

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).	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL											
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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 Kristin L					2. Issuer Name and Ticker or Trading Symbol Hanesbrands Inc. [HBI]								neck all D X	tionship of Reporting P all applicable) Director Officer (give title		g Pers	10% Ov Other (s	vner	
(Last) 1000 E. I		3. Date of Earliest Transaction (Month/Day/Year) 09/08/2021									below) Chief Human R			below) rces Offic	er				
(Street) WINSTON- SALEM NC 27105					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(St	ate) (Zip)																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day)					Execut		Deemed cution Date, ny nth/Day/Year)		3. Transaction Code (Instr. 8)				5) Se Be Ov	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership 'Instr. 4)	
									Code	v	Amount	(A) or (D)	Price	_ Tr		Transaction(s) (Instr. 3 and 4)			(1130.4)
Common Stock 09/09/20					2021	021		F ⁽¹⁾		1,188	D	\$18.67	7(1)	43,947			D		
Common Stock 09/09/20					2021	.021		F ⁽¹⁾		2,881	D	\$18.67	7(1)	41,066			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)	3A. Deer Execution if any (Month/E		4. Transa Code (8)	ction of		6. Date Exercis Expiration Dat (Month/Day/Ye		e	7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4)		8. Prio Deriva Secur (Instr.	tive ty	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amount or Number of Shares						
Phantom Stock ⁽²⁾	(2)	09/08/2021			I	10		(2)		(2)	Common Stock			<mark>7</mark> (2)	152		D		

Explanation of Responses:

- 1. Represents shares of common stock withheld to pay taxes upon vesting of restricted stock units originally granted to the Reporting Person on September 8, 2020. The number of shares withheld was determined on September 9, 2021 based on the closing price of Hanesbrands Inc. common stock on September 8, 2021.
- 2. 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.

Remarks:

/s/ Tracy M. Preston, attorney

09/10/2021

in 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.