Instruction 1(b)

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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* Faircloth Michael E.						2. Issuer Name and Ticker or Trading Symbol Hanesbrands Inc. [HBI]										elationship o eck all applic Directo	cable)	g Pers	on(s) to Iss 10% Ov Other (s	vner	
(Last) (First) (Middle) 1000 EAST HANES MILL ROAD					3. Date of Earliest Transaction (Month/Day/Year) 01/25/2018											below)		C, IT	below)		
(Street) WINSTON- SALEM 27105					4. 1	If Ame	ndme	nt, Date o	of Orig	ginal Fil	led	(Month/Da	Line	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) (State) (Zip)											_										
			le I - No	1					quir	ed, D	isp					y Owned					
Date					ate Ionth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Co	Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)				Securition Benefici Owned I	5. Amount of Securities Beneficially Owned Following Reported		n: Direct r Indirect estr. 4)	7. Nature of Indirect Beneficial Ownership	
										ode V		Amount	(A (D) or)	Price	Transac (Instr. 3	tion(s)			(Instr. 4)	
Common Stock 01/25					5/201	2018			N	М		21,26	1	A	(1)	242,695			D		
Common Stock 01					1/25/2018				F	(2)		8,845	5	D	\$20.9	233,850			D		
		-	Гable II -									sed of, onvertil				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,		ransaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		ite Exer ration C ith/Day/	Date		7. Title and Amor of Securities Underlying Derivative Secur (Instr. 3 and 4)		es Security	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ve es ally ig d tion(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	cisable		expiration pate	Title		Amount or Number of Shares						
Phantom Stock ⁽³⁾	(4)	01/25/2018			M			21,261		(5)	Τ	(5)	Comm		21,261	(1)	0		D		

Explanation of Responses:

- 1. Represents a distribution to the Reporting Person of 21,261 shares of Hanesbrands Inc. common stock that had been contributed to a stock equivalent account (the "HBI Stock Fund") in the Hanesbrands Inc. Executive Deferred Compensation Plan (the "Plan").
- 2. Represents shares of common stock withheld to pay taxes upon the distribution of Hanesbrands Inc. common stock from the Plan.
- 3. Represents an HBI Stock Fund balance in the Plan. Balances in the HBI Stock Fund are settled on a share-for-share basis in Hanesbrands Inc. common stock.
- 4. 1-for-1

5. Balances in the HBI Stock Fund are settled on a share-for-share basis in Hanesbrands Inc. common stock 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.

Remarks:

Joia M. Johnson, attorney-in-

01/29/2018

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.