FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## OMB ADDDOVAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

- 1	OIVID ALT NOVAL								
	OMB Number:	3235-028							
	Estimated average	burden							

0.5

hours per response:

	Check this box if no longer subject to
١	Section 16. Form 4 or Form 5
ı	obligations may continue. See
	Instruction 1(b)

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

1. Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Oliver Kevin						Hanesbrands Inc. [ HBI ]									Direct	,		10% Ow	ner	
						Data a	f Farliage	Trans	action (Man	4h/D	a. (Maas)			-	X Office below	r (give title )		Other (s below)	pecify	
(Last) (First) (Middle) 1000 EAST HANES MILL ROAD						3. Date of Earliest Transaction (Month/Day/Year) 04/30/2007									EVP Human Resources					
,					L															
(Street)						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
WINSTON- SALEM NC 27105													X Form	Form filed by One Reporting Person						
														Form filed by More than One Reporting Person						
(City)	(St	tate)	(Zip)																	
		Tab	le I - Nor	-Deriv	ative	Sec	curities	s Ac	quired, D	isp	osed o	of, or B	ene	ficial	ly Owne	d				
1. Title of Security (Instr. 3)  2. Transa Date (Month/D					/Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year		Transaction Dispos Code (Instr. 5)		Dispose	rities Acquired (A) ed Of (D) (Instr. 3,			Benefic Owned	es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	,	Amount	(A) (D)	or	Price	Transac	Reported Transaction(s) (Instr. 3 and 4)			(111501. 4)	
		Т							uired, Dis , options						Owned	•		•		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		Code (Inst				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title a Amount Securitie Underlyi Derivativ (Instr. 3 a	of s ng e Sed		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	y C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable	Ex Da	opiration	Title	or Nu of	ımber						
Phantom	(1)	04/30/2007			Α		1,107		(2)		(2)	Common	1.	,107	\$26.59 <sup>(3)</sup>	2,880		D		

## **Explanation of Responses:**

- 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., balances in the Plan are settled in cash based on the value of Hanesbrands Inc. common stock on the applicable distribution 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.
- 2. Following the reporting person's retirement or other termination of employment from Hanesbrands Inc., balances in the Plan are settled in cash based on the value of Hanesbrands Inc. common stock on the applicable distribution dates determined under the terms of the Plan.
- 3. The number of share equivalents reported was determined by dividing the dollar amount credited to the reporting person's account by \$26.59 (the closing price for Hanesbrands Inc. common stock on the allocation date of April 30, 2007).

## Remarks:

See attached footnote page

Catherine A. Meeker, 05/02/2007 Attorney-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.