FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 |
|-------------|------------|
|-------------|------------|

| Check this box if no longer subject |
|-------------------------------------|
| to Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Instruction 1(h) |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPROVAL | | | | | | | | |
|---|--------------------------|-----|--|--|--|--|--|--|--|
| | OMB Number: 3235-0287 | | | | | | | | |
| | Estimated average burden | | | | | | | | |
| ı | 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

| Name and Address of Reporting Person* Lewis Markland Scott | | | | | | 2. Issuer Name and Ticker or Trading Symbol Hanesbrands Inc. [HBI] | | | | | | | | | all app Direc | licable) | ng Pei | son(s) to Issuer 10% Owner Other (specify | |
|--|--|---|--------|---------------------------------|-----------------|--|-----|------------------|-----------------|---|--------------------|---|---------------------------------------|-----------------------|---|---|--------------------------------------|--|--|
| (Last) 1000 EA | | 3. Date of Earliest Transaction (Month/Day/Year) 01/30/2023 | | | | | | | | | | below) below) SVP, Chief Accounting Office | | | · | | | | |
| (Street) WINSTON- SALEM NC 27105 | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indi Line) X | | | | | |
| (City) | (St | ate) (2 | Zip) | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | Execution Date, | | | Transaction D | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5) | | | 4 and Securi Benefi | | cially l Following | Forn (D) o | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | | v | Amount | (A) o (D) | Pri | ce | Transa | action(s) 3 and 4) | | | (11301.4) |
| Common | Stock | | | 01/30/2 | .023 | | | F ⁽¹⁾ | | 722 | D | \$8 | 8.12 ⁽¹⁾ | | 32,651 | | D | | |
| Common Stock | | | | | | | | | | | | | | 2,075 | | | I | By 401(k) plan | |
| | 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 | emed ion Date, /Day/Year) | | Transaction of Code (Instr. Derivative | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Amc Sect Und Deri Sect 3 and | | | | Dei Sed (Ins | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amour or Number of Shares | oer | | | | | |

1. Represents shares of common stock withheld to pay taxes upon vesting of restricted stock units originally granted to the Reporting Person on January 28, 2020. The number of shares withheld was determined on January 30, 2023 based on the closing price of Hanesbrands Inc. common stock on January 27, 2023.

Remarks:

/s/ Tracy M. Preston, attorney

01/31/2023

** Signature of Reporting Person

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.