## FORM 4

obligations may continue. See

Instruction 1(b)

Check this box if no longer subject to Section 16. Form 4 or Form 5

## 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*  OHNSON JOIA M					2. Issuer Name <b>and</b> Ticker or Trading Symbol Hanesbrands Inc. [ HBI ]										tionship of Reportir all applicable) Director Officer (give title below)		g Perso	10% C	wner (specify
(Last) 1000 EA		3. Date of Earliest Transaction (Month/Day/Year) 12/12/2013											n) f Legal Ofd	er, GC8	below)					
(Street) WINSTON- SALEM NC 27105						4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person					on
(City)	(State) (Zip)																			
		Tabl	e I - No	n-Deriv	/ative	Sec	uritie	es Ac	quired	Dis	posed o	f, or	Ben	eficia	ally C	wne	ed			
1. Title of Security (Instr. 3)				2. Transaction Date (Month/Day/Year)		ır) E	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)						4 and Secu Bene		cially d Following	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	, Tran		action(s) 3 and 4)			(
Common Stock 12/1						/2013					1,818(1	1)	D	\$69.11		118,668		I	)	
Common Stock 12/12/									F		2,942	2)	D	\$69.11		1 115,726		I	)	
Common Stock 12/12						2/2013			F		5,246(3)		D	\$69	69.11		10,480	I	)	
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)	vative Conversion Date urity or Exercise (Month/Day/Year) Execution Date, if any				Code (Instr.		n of		6. Date E Expiration (Month/I	on Dat		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		str. 3		ivative urity	9. Number of derivative Securities Beneficially Owned Following Reported Transaction( (Instr. 4)	Own For Dire or I (I) (I	nership m: ect (D) ndirect Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	Code V		(D)			Expiration Date	Amor or Numi of Title Share		nber	er						

## **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 December 6, 2010. The number of shares withheld was determined on December 12, 2013 based on the closing price of Hanesbrands Inc. common stock on December 6, 2013.
- 2. Represents shares of common stock withheld to pay taxes upon vesting of restricted stock units originally granted to the Reporting Person on December 6, 2011. The number of shares withheld was determined on December 12, 2013 based on the closing price of Hanesbrands Inc. common stock on December 6, 2013.
- 3. Represents shares of common stock withheld to pay taxes upon vesting of performance stock units originally granted to the Reporting Person on December 6, 2010. The number of shares withheld was determined on December 12, 2013 based on the closing price of Hanesbrands Inc. common stock on December 6, 2013.

## Remarks:

Joia M. Johnson

12/16/2013

\*\* 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.