FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL											
	OMB Number: 3235-0287											
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

Name and Address of Reporting Person* Oliver Kristin L						2. Issuer Name and Ticker or Trading Symbol Hanesbrands Inc. [HBI]								Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
(Last) (First) (Middle) 1000 E. HANES MILL ROAD						3. Date of Earliest Transaction (Month/Day/Year) 09/08/2023								X Officer (give title below) Other (specify below) See Remarks				
(Street) WINSTON- SALEM NC 27105				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)						Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.												
		Tab	le I - No	n-Deriv	ative	Sec	uritie	es Ac	quired, I	Dis	posed (of, or Be	neficia	lly Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					r) Ex	Deemed ecution Date, ny onth/Day/Year)		Transaction Disposed Code (Instr. 5)			rities Acquired (A) o d Of (D) (Instr. 3, 4		Benefi Owned	ties cially I Following	Form (D) or	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price		ed ction(s) 3 and 4)			(Instr. 4)
Common Stock 09/11/2						2023		F ⁽¹⁾		1,211	l D	\$4.75	5 ⁽¹⁾ 164,374			D		
		Т	able II -						uired, Di , option:	•		,		y Owned	l			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deen Executio if any (Month/D	n Date,	ate, Transac		of Deriv	rative rities pired r osed)	5. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficia Ownershi ct (Instr. 4)
					Code	v	(A)		Date Exercisable		xpiration ate	Title	Amount or Number of Shares					
Phantom	(2)	09/08/2023			I			186	(2)		(2)	Common	186	\$4.75 ⁽²⁾	743		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 11, 2023 based on the closing price of Hanesbrands Inc. common stock on September 8, 2023.
- 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:

EVP, Chief Human Resources & Communications Officer

/s/ Tracy M. Preston, attorney in fact ** Signature of Reporting Person

09/12/2023

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.