## 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(b).

# STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
I	OMB Number:	3235-0287								
	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

Name and Address of Reporting Person*     WYATT E LEE						2. Issuer Name <b>and</b> Ticker or Trading Symbol Hanesbrands Inc. [ HBI ]									eck all applic	cable) or	ng Person(s) to Is  10% O		
(Last) 1000 EA	`	irst) S MILL ROAD	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 09/28/2007						-		Officer (give title below)  EVF		below)	эрсспу		
(Street) WINSTO	ON- N	C :	27105		4. If	Amer	ndment,	Date (	of Original	Filed	(Month/Da	ay/Year)		Line	X Form f	iled by One	Repo	g (Check Ap orting Perso n One Repo	n
(City)	(S	tate)	(Zip)																
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)				Execution Date,		, Transaction Dispose Code (Instr. 5)		rities Acquired (A) ed Of (D) (Instr. 3, 4		A) or , 4 and	Benefici	es Fo ially (D Following (I)		n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
								Code	v	Amount (A) (C)		or	Price	Transaci (Instr. 3	tion(s)			(111511.4)	
	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)	3A. Deemed Execution D if any (Month/Day)	oate, T	4. Transacti Code (Ins				6. Date Exercisa Expiration Date (Month/Day/Yea		r) Amount o Securities Underlyin		int of ities rlying ative Security		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ow For Dir or I (I) (	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	code	v	(A)	(D)	Date Exercisabl		expiration pate	Title	or Nu of	nount imber ares					
Phantom Stock <sup>(1)</sup>	(2)	09/28/2007			A		535 <sup>(3)</sup>		(4)		(4)	Commo	1 5	535	\$28 <sup>(3)</sup>	13,426		D	

# **Explanation of Responses:**

- 1. Represents a Stock Equivalent Account balance under the Hanesbrands Inc. Executive Deferred Compensation Plan (the "Plan"). Balances in the Stock Equivalent Account may not be reallocated and are settled on a share-for-share basis of Hanesbrands Inc. common stock.
- 3. Represents a deferral by the Reporting Person to a Stock Equivalent Account balance under the Plan, as determined by dividing the dollar amount of the deferral by \$28.00 (the average of the high and low market quotes for Hanesbrands Inc. common stock on September 28, 2007).
- 4. Balances in the Stock Equivalent Account are settled on a share-for-share basis of 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:

Catherine A. Meeker, Attorneyin-Fact

10/02/2007

Date

\*\* 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.