### 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	STATEMENT OF CHANG
obligations may continue. See	
Instruction 1(b).	Filed pursuant to Section 16

# GES 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*  GRIFFIN BOBBY J					2. Issuer Name and Ticker or Trading Symbol Hanesbrands Inc. [ HBI ]							Relationship eck all appli X Direct	cable)	ng Person(s) to Issi 10% Ow		
(Last) (First) (Middle) 1000 EAST HANES MILL ROAD					3. Date of Earliest Transaction (Month/Day/Year) 03/31/2011							Office below	eer (give title w)		Other (specify below)	
(Street) WINSTO	N		27105	4.	4. If Amendment, Date of Original Filed (Month/Day/Year)					Line	ndividual or Joint/Group Filing (Check Applicable e)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S:		(Zip)													
		Tab	le I - Non-					quired, D	_			ly Owne	d			
Date				2. Transaction Date Month/Day/Y	ear) i	2A. Deemed Execution Date, if any (Month/Day/Year		r, Transaction Dispose Code (Instr. 5)		rities Acquired (A) ed Of (D) (Instr. 3, 4		Benefic	es ially Following	6. Owne Form: D (D) or In (I) (Instr	pirect o direct B . 4) C	7. Nature of Indirect Beneficial Ownership
							Code V	Amount	(A) or (D)	Price	Transac (Instr. 3	tion(s)		"	(Instr. 4)	
		T	able II - D (e					uired, Dis s, 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	action (Instr.	of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		y Di or (I)	). wnership orm: rect (D) Indirect (Instr. 4)	Beneficial Ownership t (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					
Phantom Stock <sup>(1)</sup>	(2)	03/31/2011		A		785 <sup>(3)</sup>		(4)	(4)	Common Stock	785	\$27.04 <sup>(3)</sup>	30,520		D	

# **Explanation of Responses:**

- 1. Represents a Stock Equivalent Account balance under the Hanesbrands Inc. Non-Employee Director 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 \$27.04 (the closing market quote for Hanesbrands Inc. common stock on March 31, 2011).
- 4. Balances in the Stock Equivalent Account are settled on a share-for-share basis of Hanesbrands Inc. common stock (i) with respect to deferrals prior to January 1, 2008, 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 and (ii) with respect to deferrals on or after January 1, 2008, on the earlier of the fifth anniversary of the date of the deferral or the Reporting Person's separation from service as a member of the Hanesbrands Inc. board of directors.

#### Remarks:

Catherine A. Meeker Attorneyin-Fact

04/04/2011

\*\* 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.