## 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

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERS	HР

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*  MORAN ROBERT F					2. Issuer Name and Ticker or Trading Symbol Hanesbrands Inc. [ HBI ]									ationship k all appli Directo	cable)	ig Per	son(s) to Iss 10% Ow		
(Last) 1000 EA	,	rst) (	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 12/10/2014									Officer below)	(give title		Other (s below)	pecify
(Street) WINSTO	ON- NO	C :	27105		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							3. Indi _ine) X	′					
(City)	(Si		(Zip)																
		Tab	le I - Non	-Deriv	ative	Se	curitie	s Acq	uired, l	Disp	osed o	of, or Be	enefic	ially	Owned	t			
1. Title of Security (Instr. 3)  2. Transplate (Month/L				Exec Day/Year) if any		Execution If any	A. Deemed xecution Date, any //onth/Day/Year)		Transaction Disp Code (Instr. 5)		rities Acquii ed Of (D) (In:	red (A) o str. 3, 4	4 and Securit Benefic Owned		es ally Following	Form (D) o	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) o	or Pric	:e	Reporte Transac (Instr. 3	tion(s)			(IIISU. 4)
Common Stock 12/10				)/2014			D		1,81	318 D		[1)	2,265			D			
		Т	able II - [ )									, or Ben ble secu			Owned				
1. Title of Derivative Security (Instr. 3)  2. Conversion or Exercise Price of Derivative Security  3. Transaction Date (Month/Day/Year)		Execution Date, if any		4. Transaction Code (Instr. 8)		ı of E		5. Date Exercisable and Expiration Date Month/Day/Year)			7. Title an Amount o Securities Underlyin Derivative (Instr. 3 ar	of S g e Securit	8. Price of Derivative Security (Instr. 5)				10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Co	Code	v	(A)		Date Exercisable		xpiration ate	Title	Amour or Number of Shares	er					
Phantom	(3)	12/10/2014			A		1,818		(4)		(4)	Common	1,81	<sub>8</sub>	(1)	1,818		D	

## **Explanation of Responses:**

- 1. Represents a deferral by the Reporting Person of 1,818 shares of Hanesbrands Inc. common stock upon the vesting of restricted stock units granted to the Reporting Person on December 10, 2013. The amount deferred was deemed to be invested in a stock equivalent account (the "HBI Stock Fund") in the Hanesbrands Inc. Non-Employee Director Deferred Compensation Plan (the "Plan").
- 2. Represents an HBI Stock Fund balance under the Plan. Balances in the HBI Stock Fund may not be reallocated and are settled on a share-for-share basis in shares of Hanesbrands Inc. common stock.
- 3. 1-for-1

4. Balances in the HBI Stock Fund are settled on a share-for-share basis in shares 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:

Joia M. Johnson, attorney-in-

12/12/2014

fact

\*\* 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.