FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

CURITIES AND EXCHANGE COMMISSIO	Ν
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OMB APPROVAL										
OMB Number:	3235-0287									

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(h)

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c).

STATEMEN'

Filed p

Γ OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0287		
OF OFFICE OF BEILD TOTAL OWNEROUS	Estimated average burden			
ursuant to Section 16(a) of the Securities Exchange Act of 1934	hours per response:	0.5		
or Section 30(h) of the Investment Company Act of 1940				

See ins	struction 10.																		
1. Name and Address of Reporting Person* Oliver Kristin L					2. Issuer Name and Ticker or Trading Symbol Hanesbrands Inc. [HBI]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Onver	KHSUH L												Ι.	Direct	or r (give title		10% Ow Other (s		
(Last)	(5)	rst)	(Middle)	3.5)ate of	Earlia	et Tran	eaction (Month	/Day/Vear)			-	V Oπice below			below)	pecily	
` ′	اء) IANES MII	,	(iviluale)		3. Date of Earliest Transaction (Month/Day/Year) 09/08/2024									See Remarks					
1000 E F	IANES WII	LL KUAD																	
(Street)				4. If	f Amen	ndmen	t, Date	of Origin	al File	d (Month/D	ay/Yea	ar)		ndividual or	Joint/Group	Filing	(Check Ap	plicable	
WINSTO	ON-	C ·	27105										Lin		filed by One	Reno	orting Perso	,	
SALEM			27103												,	Nore than One Reporting			
														Perso	n ,		•	Ĭ	
(City)	(S	tate)	(Zip)																
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
Date				ansaction 2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr. 5)				Securiti Benefic	5. Amount of Securities Beneficially Owned Following		: Direct C	7. Nature of Indirect Beneficial Ownership					
						Jay/ I ea	', ",	_	-			1	Reporte	ed () () ((Instr. 4)		
								Code	\ \	Amount	- [3	(A) or (D)	Price	Transac (Instr. 3					
		Т	able II - Der	ivative S	Secu	rities	Acq	uired,	Disp	osed of	, or E	Bene	ficially	/ Owned	,		<u> </u>		
				ı., puts,															
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/Yea	Code (Transaction Code (Instr.		of		6. 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)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title		Amount or Number of Shares						
Phantom Stock ⁽¹⁾	(1)	09/08/2024		I			393	(1)		(1)	Comr		393	\$6.17 ⁽¹⁾	321		D		

Explanation of Responses:

1. 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 Officer & Interim Chief Legal Officer

/s/ Kristin Oliver, EVP, Chief

Human Resources Officer &

Interim Chief Legal Officer

09/11/2024

** 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.