FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
-------------	------	-------

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
hours per response.	0.5							

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

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* Boyles Dale W (Last) (First) (Middle)					<u>H</u>	2. Issuer Name and Ticker or Trading Symbol Hanesbrands Inc. [HBI] 3. Date of Earliest Transaction (Month/Day/Year)								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title below) VP, Controller, CAO				vner
1000 EAST HANES MILL ROAD (Street) WINSTON- SALEM (City) (State) (Zip) Table I - Non-Deriva						4. If Amendment, Date of Original Filed (Month/Day/Year) ative Securities Acquired, Disposed of, or Benefic								ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
Date			Date	Fransaction te onth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction D Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			Denefici Owned F Reported	es ally Following d	Form	: Direct Indirect Istr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) or (D)	Price	Transact (Instr. 3				
Common Stock 02/26				6/201	2010		M		1,239	1,239 A		38,599			D			
Common Stock				02/2	26/2010				F		384 ⁽²⁾ D		\$22.9	97 38	,215		D	
Common Stock														7	05		I	By 401(K) olan
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 I if any (Month/Day	Date,	Code (Instr.		n Derivative		6. Date E Expiratio (Month/E	n Dat			f g Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(is Blly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				C	Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares		(Instr. 4)			
Phantom Stock ⁽³⁾	(4)	02/26/2010			M			1,239 ⁽¹⁾	(5)		(5)	Common Stock	1,239	\$0.00 ⁽⁵⁾	1,774		D	

Explanation of Responses:

- 1. Represents a distribution from a Stock Equivalent Account balance under the Hanesbrands Inc. Executive Deferred Compensation Plan (the "Plan") settled on a share-for-share basis in Hanesbrands Inc.
- 2. Represents the number of shares resulting from dividing the total amount of income taxes paid, \$8,837.66, by \$22.97 (the closing market quote for Hanesbrands Inc. common stock on the valuation date of January 31, 2010).
- 3. Represents a Stock Equivalent Account balance under 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.
- 5. 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, Attorney- 03/02/2010 in-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.