Instruction 1(b)

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

Check this box if no longer subject to	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
Section 16. Form 4 or Form 5	
obligations may continue. See	

OMB APPROVAL OMB Number: Estimated average burden

0.5

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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 (Last) (First) (Middle) 1000 EAST HANES MILL ROAD														Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
														_	(give title		Other (s		
(Street) WINSTO	ON- N	С	27105		4. If							Line	6. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S	tate)	(Zip)																
		Tab	le I - Nor	า-Deriv	ative	Sec	curities	s Ac	quired, I	Disp	osed c	of, or E	3en	eficial	ly Owne	t k			
1. Title of Security (Instr. 3) 2. Transa Date (Month/L				ar) E	2A. Deemed Execution Date, if any (Month/Day/Year)		, Transaction Disposed Code (Instr. 5)			rities Acquired (A) ad Of (D) (Instr. 3, 4		(A) or 3, 4 and	Securiti Benefic Owned	Amount of ecurities eneficially wned Following		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount (A) or (D)		Price	Transac	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
		7	able II -						uired, Di , option						Owned				
Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	4. Transactic Code (Inst				6. Date Exercis: Expiration Date (Month/Day/Yea		r) Amour Securi Underl Deriva		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Code	Code	v	(A)	(D)	Date Exercisabl		xpiration ate	Title	0	Amount or Number of Shares					
Phantom	(2)	12/30/2011			A		972(3)		(4)		(4)	Commo	on	972	\$21.86 ⁽³⁾	37.136		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 \$21.86 (the closing market quote for Hanesbrands Inc. common stock on December 30, 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:

Joia M. Johnson Attorney-in-

01/04/2012

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.