FORM 4

obligations may continue. See

Instruction 1(b)

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 CHANGES IN BENEFICIAL OWNERSHIP
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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

Name and Address of Reporting Person* Oliver Kevin					2. Issuer Name and Ticker or Trading Symbol Hanesbrands Inc. [HBI]									(Che	ck all appl Direct	icable) or		Owner (specify
(Last) (First) (Middle) 1000 EAST HANES MILL ROAD					3. Date of Earliest Transaction (Month/Day/Year) 10/21/2009								X	below	Officer (give title below) EVP Human		w)`	
(Street) WINSTO	ON- N	C :	27105		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line)	ndividual or Joint/Group Filing (Check Applicable X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	tate) ((Zip)												. 0.00			
		Tab	le I - Non	-Deriv	ative	Sec	uriti	es A	cquired,	Dis	posed	of, or B	enefic	ially	/ Owne	d		
1. Title of Security (Instr. 3) 2. Transa Date (Month/D			action 2A. Deemed Execution Date if any (Month/Day/Year)			Code (Dispose	rities Acqued Of (D) (II	nstr. 3, 4	and	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		6. Ownership Form: Direct (D) or Indirec (I) (Instr. 4)	of Indirect			
		Т	able II - D (e						uired, D s, option						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 D if any (Month/Day)	Date, 1	4. Transactio Code (Inst				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		S (i	. Price of erivative ecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form: Direct (or Indir (I) (Inst	Beneficial Ownership ct (Instr. 4)
					Code	v	(A)	(D)	Date Exercisabl		xpiration ate	Title	Amou or Numb of Share	er				
Phantom Stock(1)	(1)	10/21/2009			A		914		(2)		(2)	Common	914		\$22.81 ⁽³⁾	13,233 ⁽⁴⁾	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.
- 2. 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.
- 3. The number of share equivalents reported was determined by dividing the dollar amount credited to the Reporting Person's account by \$22.81 (the closing price for Hanesbrands Inc. common stock on the valuation date of October 21, 2009)
- 4. The balance is determined by dividing the value in the Reporting Person's account following the reported transaction by \$22.81 (the closing price for Hanesbrands common stock on the transaction date of October 21, 2009).

Remarks:

Catherine A. Meeker, Attorney-in-Fact

10/23/2009

** 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.