FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	D.C.	20549
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STATEMENT OF CH	ANGES IN BENE	FICIAL OWNERSHIP
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OMB APPROVAL									
OMB Number:	3235-0287								
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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* BEEBE CHERYL K					2. Issuer Name and Ticker or Trading Symbol Hanesbrands Inc. [HBI]									elationship ock all applic	,	Perso	on(s) to Issu		
(Last) (First) (Middle) 1000 E. HANES MILL ROAD					3. Date of Earliest Transaction (Month/Day/Year) 01/24/2023										Officer below)	(give title		Other (s below)	pecify
(Street) WINSTO	ON- N	C :	27105		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line)	Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S		(Zip)																
		Tab	le I - Nor	1-Deriv	ative	Sec	curities	s Ac	quired, [Disp	osed o	of, or Be	nefi	ciall	y Owned	t			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					Execution Date,		Transaction Dispos Code (Instr. 5)		Dispose	rities Acquired (A) o ed Of (D) (Instr. 3, 4			5. Amou Securitie Benefici Owned F Reported	es Formally (D) (Following (I) (I		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)		rice	Transact	orted isaction(s) tr. 3 and 4)		(Instr. 4)
Common	Stock			01/24	1/2023		D		9,51	5 D		(1)	41,509			D			
		Т	able II -						uired, Di options						Owned	•			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	4. Transa Code (8)		n of E		6. Date Exe Expiration I (Month/Day	Date	Amount of			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)		Date Exercisable		xpiration ate	Title	Amo or Num of Sha	nber					
Phantom Stock ⁽²⁾	(3)	01/24/2023			A		9,515		(4)		(4)	Common Stock	9,5	15	(1)	19,737		D	

- 1. Represents a deferral by the Reporting Person of 9,515 shares of Hanesbrands Inc. common stock upon the vesting of restricted stock units granted to the Reporting Person on January 24, 2022. 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 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:

/s/ Tracy M. Preston, attorney in fact

01/26/2023

** 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.