FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP
• .,	J. J		• • • • • • • • • • • • • • • • • • • •

l	OMB APPRO)VAL					
l	OMB Number:	3235-0287					
l	Estimated average burden						
l	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(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* <u>GRIFFIN BOBBY J</u>					2. Issuer Name and Ticker or Trading Symbol Hanesbrands Inc. [HBI]					(Ch	elationship eck all appli X Directo	cable)	Person(s) to Is		
(Last) (First) (Middle) 1000 EAST HANES MILL ROAD					3. Date of Earliest Transaction (Month/Day/Year) 03/31/2010						Officer below)	(give title	Other below)	specify	
(Street) WINSTO	N(27105	4.	If Ame	ndment, I	Date (of Original File	ed (Month/D	ay/Year)	Line	e) <mark>X</mark> Form f	iled by One Filed by More	Filing (Check A Reporting Pers than One Repo	on
(City)	(Si		Zip)							D .		l O			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) Table II - Derivati			Transactio ate Month/Day/Y	Execution Date, if any (Month/Day/Year) Execution Date, if any (Month/Day/Year) Transaction Code (Instr. 8) Disposed Of (D) (Instr. 3, 5) (A) or (Instr. 4) (B) or (Instr. 5) (B) or (Instr. 5)			ed (A) or tr. 3, 4 and Price	5. Amou Securitic Beneficic Owned I Reporte Transac (Instr. 3	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year) (Month/Day/Year)	te, Trans	4. Transaction Code (Instr.		ber ive ies ed ed	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative (Instr. 3 ar	d f g Security	8. Price of Derivative Security (Instr. 5)	9. Number o derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Phantom Stock ⁽¹⁾	(2)	03/31/2010		A		673 ⁽³⁾		(4)	(4)	Common Stock	673	\$27.82 ⁽³⁾	22,971	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 \$27.82 (the closing market quote for Hanesbrands Inc. common stock on March 31, 2010).
- 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:

Catherine A. Meeker Attorneyin-Fact

04/01/2010

** 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.