FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* MERRIMAN RONALD					2. Issuer Name and Ticker or Trading Symbol HAEMONETICS CORP [HAE]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
WILLIXIX	.1171711710	OIMILD												X	Directo	or		10% Owi	ner	
(Last) (First) (Middle) 400 WOOD ROAD				3. Date of Earliest Transaction (Month/Day/Year) 08/01/2007									Officer below)	er (give title v)		Other (specify below)				
					4 1	f Ame	endment	Date	of Origina	l Filed	(Month/Da	av/Year)		6 Inc	lividual or .1	loint/Group	Filing (C	heck Ann	licable	
(Street) BRAINTREE MA 02184					4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by May then One Reporting						
(City) (State) (Zip)															Form filed by More than One Reporting Person					
		Tab	ole I - Nor	n-Deriv	/ativ	e Se	curitie	s A	cauired	Dis	posed o	of. or B	enefi	cially	Owned					
1. Title of Security (Instr. 3) 2. Tran			2. Trans	action	ear)	2A. Deemed Execution Date, if any (Month/Day/Year)		e, 3. Trans	3. 4. Sec Transaction Dispos Code (Instr. 5)		rities Acquired (A) ed Of (D) (Instr. 3, 4		5. Amou 4 and Securitie Benefici Owned F		nt of es ally following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) (D)	or P	rice	Reported Transact (Instr. 3 a	ion(s)		(1	(Instr. 4)	
Common	Stock			08/01	1/200	7			A		287(1	.) <i>F</i>	. :	\$0.01	2	87	D			
		•	Table II -						•	•	osed of, convertil			-	Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date Execution (Month/Day/Year) if any (Month/Da	Date,	4. Transa Code (8)		n of Exp		Expiration	. Date Exercisable and xpiration Date Month/Day/Year)		7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownersh Form: Direct (D or Indirect (I) (Instr.	wnership orm: irect (D) Indirect	Beneficial Ownership t (Instr. 4)		
				(Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	or	ount nber res						
Non- Qualified Stock Option (right to buy)	\$49.92	08/01/2007			A		4,592		08/01/200	B ⁽²⁾	08/01/2014	Commo Stock	^a 4,	592	\$0	4,592		D		
Non- Qualified Stock Option (right to buy)	\$41.15								(3)	(07/27/2012	Commo Stock	ⁿ 20,	000		20,000		D		
Non- Qualified Stock Option (right to	\$52.76								05/05/200	6 ⁽³⁾	05/05/2013	Commo Stock	n 6,0	000		6,000		D		

Explanation of Responses:

- 1. Restricted Stock Unit Grant which vest 100% on the first anniversary of the grant date. Grant was made under 2005 Long Term Incentive Compensation Plan.
- 2. Grant to reporting person of right to buy shares of common stock exercisable 100 percent on the first anniversary of the date of grant.
- 3. Grant to reporting person of right to buy shares of common stock exercisable immediately.

By: Susan Hanlon For: Ronald **Merriman**

08/03/2007

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

** Signature of Reporting Person

Date

* 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.