FORM 4

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 |
| obligations may continue. See |
| Instruction 1(b). |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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* HANLON SUSAN M | | | | | | 2. Issuer Name and Ticker or Trading Symbol HAEMONETICS CORP [HAE] | | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issue (Check all applicable) Director 10% Own | | | | | |
|---|---|--|---|--------------------|---------------------------------------|---|---|------|-------------|--|------|--|-------|--|--|------------------------------------|---|--|---|-----------------|---|--|
| (Last) (First) (Middle) 400 WOOD ROAD | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/01/2005 | | | | | | | | | | | X Officer (give title Other (specify below) V.P Planning and Control | | | | | |
| (Street) BRAINTREE MA 02184 (City) (State) (Zip) | | | | | 4. If | Line | | | | | | | | | | | dividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tab | le I - Noi | n-Deriv | ative | Se | curiti | es A | cqui | ired, [| Disp | osed (| of, o | r Ber | neficia | lly O | wned | d | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | | ar) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | 3. Transac Code (In 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | | l and Securiti Benefic Owned | | es ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | e Reporte Transac (Instr. 3 | | tion(s) | | | (Instr. 4) | |
| Common Stock 11/01/2 | | | | | | 2005 | | | | P ⁽¹⁾ | | 129 | 129 | | \$35. | 88 4 | | 81 | | D | | |
| | | T | able II - | Deriva (e.g., p | | | | | - | - | | | | | | y Ow | ned | | | | | |
| 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. Transactio Code (Insti 8) | | n of E | | Exp | Date Exercisal xpiration Date Month/Day/Year | | of Sec Under Deriva | | itle and Amount ecurities lerlying ivative Security tr. 3 and 4) | | | | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Ownershi Form: Direct (D) or Indirect (I) (Instr. 4 | Ownership Form: | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) (D) | | Date Exe | e rcisable | | piration ate | Title | | Amount or Number of Shares | | | | | | | |
| Non- Qualified Stock Option (right to buy) | \$26.105 | | | | | | | | | (2) | 05 | /05/2014 | Com | | 5,000 | | | 5,000 | | D | | |
| Non- Qualified Stock Option (right to buy) | \$30.385 | | | | | | | | | (2) | 05 | /28/2012 | Com | | 12,500 | | | 12,500 | | D | | |
| Non- Qualified Stock Option (right to | \$41.15 | | | | | | | | | (2) | 07 | //27/2012 | Com | | 5,000 | | | 5,000 | | D | | |

Explanation of Responses:

buy)

- 1. Acquisition of shares of Common Stock pursuant to the Employee Stock Purchase Plan. Participant elected to purchase shares at least six months in advance of the effective date of the transaction.
- 2. Grant to reporting person of right to buy shares of common stock exercisable in annual increments of 25 percent beginning on the first anniversary of the date of grant.

By: Ronald J Ryan For: Susan M Hanlon

11/03/2005

** 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.