FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Nashington,	D.C.	20549	
-------------	------	-------	--

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	VAL
OMB Number:	3235-0287
Estimated average burde	n
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

Name and Address of Reporting Person* Helsel Dave					2. Issuer Name and Ticker or Trading Symbol HAEMONETICS CORP [HAE]										elationship of ck all applica Director	er vner					
(Last) (First) (Middle) 400 WOOD ROAD						3. Date of Earliest Transaction (Month/Day/Year) 04/11/2014										below)			,	. ,	
(Street) BRAINTREE MA 02184					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									Line	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
(City) (State) (Zip)															Form filed by More than One Reporting Person						
		Tal	ole I - Noi	n-Deriv	/ative	Se	curiti	es A	cqu	ired, D	isp	osed of,	or I	Benef	icially	Owned					
Date			2. Trans Date (Month/	saction n/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		e,	3. Transactio Code (Inst			es Acquired (A) o Of (D) (Instr. 3, 4 a			Beneficia Owned Fo	s lly ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
										Code V	,	Amount	(A) or (D)		Price	Reported Transacti (Instr. 3 a	on(s)		((Instr. 4)	
Common Stock 04/11						1/2014				D		328(1)	D \$		\$32.48	9,342			D		
a Title of	l.			(e.g., p	outs,		s, wa	rrant	is, o	ptions	, c	onvertibl	e se	curiti	es)		l		10	las Notorio	
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/Day	Date,	4. Transaction Code (Instr. B)		n of Ex		Expi	Date Exercisable and xpiration Date donth/Day/Year)		le and	7. Title and Ar of Securities Underlying Derivative Sec (Instr. 3 and 4)		ecurity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v			Date Exer	cisable		kpiration ate	Title	1	Amount or Number of Shares						
Non- Qualified Stock Option (right to buy)	\$33.77								04/1	0/2013 ⁽²⁾	(04/10/2019		nmon ock	31,908		31,90	08	D		
Non- Qualified Stock Option (right to buy)	\$39.055								10/2	4/2013 ⁽²⁾	1	10/24/2019		nmon ock	28,614		28,61	.4	D		
Non- Qualified Stock Option (right to buy)	\$41.66								10/2	3/2014 ⁽²⁾	1	10/23/2023		nmon ock	28,523		28,52	23	D		
Performance	\$0.0								03/3	1/2017 ⁽³⁾	12	2/13/2017 ⁽³⁾		nmon	25,000		25,00	00	D		

Explanation of Responses:

- 1. Pursuant to a 10b5-1 Plan to cover tax liability for released shares.
- 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.
- 3. Market Share Units represent a right to receive one share of Haemonetics Corporation common stock for each Market Stock Unit based on Haemonetics stock price during the 30 trading days prior to March 31, 2017. The number of Market Stock Units (and therefore the number of shares payable) will depend on the Companys stock price during such period. The Market Stock Units disclosed in column 5 represent a target amount. The number of shares ultimately issued could range from none to three times the target amount in column 5. The Market Stock Units were granted under the 2005 Haemonetics Corporation Long-Term Incentive Compensation Plan and are exempt under Rule 16b-3(d).

By: Alexander Steffan For: **David Helsel**

Stock

04/14/2014

** Signature of Reporting Person

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.