FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* Dockendorff Charles J					2. I <u>H</u>	2. Issuer Name and Ticker or Trading Symbol HAEMONETICS CORP [HAE]								Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(Last)	(Fi	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 02/04/2021										(give title		Other (s below)		
(Street) BOSTO			02110 (Zip)		4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tal	ole I - N	on-Deri	vativ	re Se	curi	ties Ac	quire	d, Di	sposed o	f, or Be	neficial	ly O	wned					
Date				nsaction :h/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 at			r 5. Amou Securition Benefici Owned I		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	Report Transa (Instr.		tion(s)			Instr. 4)				
Common Stock			02/04/2021					M ⁽¹⁾		12,180	A	\$35.50	5.5025 25		935 ⁽²⁾		D			
Common Stock			02/04/	2/04/2021				S		12,180	D	\$134.53	3 ⁽³⁾ 13,7		755 ⁽²⁾		D			
Common Stock													8,5		568(4)			By GRAT		
			Table II								posed of, convertib			Ow	ned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/D	n Date,	4. Transa Code (I 8)				6. Date Exerci Expiration Da (Month/Day/Yo		te	of Securi Underlyir	ng e Security	Der Sec	rice of ivative curity tr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares	mber						
Non- qualified Stock Option (Right to Buy)	\$35.5025	02/04/2021			M ⁽¹⁾			12,180	07/23/2	015 ⁽⁵⁾	07/23/2021	Common Stock	12,180		\$0	0		D		

Explanation of Responses:

- 1. The reporting person exercised options that were granted in 2014 and scheduled to expire on July 23, 2021, as reflected in this Form 4.
- 2. This number includes unvested restricted stock units previously reported.
- 3. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$134.14 to \$135.00, inclusive. The reporting person undertakes to provide to Haemonetics Corporation ("Haemonetics"), any security holder of Haemonetics, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.
- 4. Reflects shares held by a grantor retained annuity trust, of which Mr. Dockendorff is the sole trustee, subsequent to an exempt transfer by Mr. Dockendorff.
- 5. Options vest 100% on the first anniversary of the date of grant.

/s/ Thomas V. Powers, attorney-02/05/2021 in-fact for Mr. Dockendorff

** 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.