FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C	C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL								
O	MB Number:	3235-0287							
Es	Estimated average burden								
ho	ours 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* White Jonathan					2. Issuer Name and Ticker or Trading Symbol HAEMONETICS CORP [HAE]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(Last) (First) (Middle) 400 WOOD ROAD					3. Date of Earliest Transaction (Month/Day/Year) 07/23/2013									X Officer (give title Other (specify below) Chief Science and Technology							
(Street) BRAINTREE MA 02184					- 4. I -	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S		(Zip)											<u> </u>							
1. Title of Security (Instr. 3) 2. Trans Date (Month/I			saction	ction 2A. Deemed Execution Dat			3. Transaction Code (Instr.				A) or	5. Amou Securitie Beneficia Owned F	nt of es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)					
							Code			(b)		Price	Reported Transaction(s) (Instr. 3 and 4)								
Common	Stock			<u> </u>	3/201					D 600				\$45.6			D				
			Table II -						quired, E ts, optioi						Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution I if any (Month/Day	Date,		Transaction Code (Instr.		vative urities uired or oosed o) r. 3, 4	6. Date Exe Expiration (Month/Day	Date		7. Title and Am of Securities Underlying Derivative Sect (Instr. 3 and 4)		curity	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)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisabl		Expiration Date	Title	or Nu of	nount mber ares							
Non- Qualified Stock Option (right to buy)	\$26.47								10/27/2010	(3)	10/27/2016	Comn Stoc		l,484		24,484	4	D			
Non- Qualified Stock Option (right to buy)	\$27.495								10/27/2011	(3)	10/27/2017	Comn Stoc		,776		30,776		D			
Non- Qualified Stock Option (right to buy)	\$30.025								01/28/2010	(3)	01/28/2016	Comn		5,282		35,282		D			
Non- Qualified Stock Option (right to buy)	\$30.67								10/25/2012	(3)	10/25/2018	Comn		5,130		35,130)	D			
Non- Qualified Stock Option (right to buy)	\$33.925								07/20/2012	(3)	07/20/2018	Comn		7,948		27,948	3	D			
Non- Qualified Stock Option (right to	\$39.055								10/24/2013	(3)	10/24/2019	Comn		,192		32,192	2	D			

Explanation of Responses:

- 1. Pursuant to a 10b5-1 Plan.
- 2. Total includes Restricted Stock Awards and/or Restricted Stock Units that are subject to restrictions until vesting requirements are met. Grant was made under 2005 Long Term Incentive Compensation Plan.
- 3. 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.

Jonathan White

** 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.