## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

shington, D.C. 20549	

ı	OMB APPRO	VAL						
l	OMB Number:	3235-0287						
l	Estimated average burden							
l	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	Sec	tion 30	(n) of t	ne Ir	ivestme	nt Co	mpany Act	or 1940								
1. Name and Address of Reporting Person*  Popovsky Mark A  (Last) (First) (Middle)  400 WOOD ROAD						2. Issuer Name and Ticker or Trading Symbol HAEMONETICS CORP [ HAE ]  3. Date of Earliest Transaction (Month/Day/Year) 05/01/2008										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner					
																X Officer (give title below)  VP, Corporate M			Other (specify below)  Medical Director		
(Street) BRAINTREE MA 02184						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) (State) (Zip)																					
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)				action	etion 2A. Dee Execution (ay/Year) if any			Deemed ution Date,		3. 4. Se Transaction Code (Instr.		Securities Acquired (A) obsposed Of (D) (Instr. 3, 4			5. Amou	nt of s ally	Form (D) o	n: Direct r Indirect	7. Nature of Indirect Beneficial Ownership		
							(WOTILI	(WOIIIII/Day/Tea		Code	v	Amount	(A) or (D)	Pri	ce	Owned Following Reported Transaction(s) (Instr. 3 and 4)		() (mean 1)		(Instr. 4)	
Common	Stock			05/01	L/2008	3				<b>P</b> (1)		246	A	\$4	4.353	3 4,891(2)		D			
		-	Table II -									osed of,				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 if any (Month/Day	ed Date,	4. Transa	4. Transaction Code (Instr		5. Number n of			ercisa Date	ble and	7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		ount	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)		ate kercisabl		Expiration Date	Title	Amo or Num of Shar	ber						
Non- Qualified Stock Option (right to buy)	\$26.105								05	5/05/2005	(3)	05/05/2014	Common Stock	5,0	00		5,000		D		
Non- Qualified Stock Option (right to buy)	\$31.66								04	J/29/2003	(3)	04/29/2012	Common Stock	10,0	000		10,000	0	D		
Non- Qualified Stock Option (right to buy)	\$33.15								04	1/30/2002	(3)	04/30/2011	Common Stock	11,	230		11,230		D		
Non- Qualified Stock Option (right to buy)	\$41.15								07	7/27/2006	<sub>3</sub> (3)	07/27/2015	Common Stock	17,0	000		17,000	0	D		
Non- Qualified Stock Option (right to buy)	\$51.07								10	)/24/2008	(3)	10/24/2014	Common Stock	13,4	451		13,451	1	D		
Non- Qualified Stock Option (right to	\$52.76								05	5/05/2007	(3)	05/05/2013	Common Stock	14,	391		14,891	1	D		

## **Explanation of Responses:**

- 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. 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.

## <u>Popovsky</u>

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.