Instruction 1(b)

## FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSH	IIP
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**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*  Goldstein Dan						2. Issuer Name <b>and</b> Ticker or Trading Symbol  HAEMONETICS CORP [ HAE ]											able) r	g Pers	10% Ov	vner	
(Last) 400 WO	(F OD ROAD	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/06/2019											Officer (give title Other (specifically)  VP, Corporate Controller			респу	
(Street) BRAINT			02184		- 4. I	4. If Amendment, Date of Original Filed (Month/Day/Year)										Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S		(Zip)	D:		- 6-				4 D:			f a Da			O	<u> </u>				
1. Title of Security (Instr. 3) 2. Tran: Date				ar) i	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Trai	3. Transaction Code (Instr.			4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			5. Amou Securitie Benefici Owned F	nt of es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
									Cod	e v	Amo	unt	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock				06/0	06/06/2019						1,	107	A	\$41.	64	4,2	99(2)		D		
Common	Stock			06/0	6/2019	9			S <sup>(1</sup>		1,	107	D	\$103	3,192 <sup>(2)</sup> D				D		
Common	Stock			06/0	7/2019	9			S		7	8(3)	D	\$103	.38	3,1	3,114 <sup>(2)</sup> D				
		-	Table II -										or Ben ble secu			wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deeme Execution if any (Month/Da	Date,	4. Transactior Code (Instr 8)		of Deri Sec Acq (A) o Disp of (I	osed D) tr. 3, 4	6. Date Expirat (Month	on Dat		d	7. Title an Amount of Securities Underlyin Derivative (Instr. 3 a	of S Ig Security	De Se (In	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	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	Expira Date	tion	Title	Amount or Number of Shares							
Non- qualified Stock Option (Right to Buy)	\$41.64	06/06/2019			M <sup>(1)</sup>			1,107	06/06/2	018 <sup>(4)</sup>	06/06/2	2024	Common Stock	1,107		\$0	2,213		D		

## **Explanation of Responses:**

- 1. Transaction pursuant to an existing 10b5-1 trading plan.
- 2. This number includes unvested restricted stock units previously reported.
- 3. Represents the number of shares required to be sold by the reporting person to cover tax withholding obligations in connection with the vesting of certain restricted stock units previously reported in Table I following the date of grant. This sale is mandated by the Issuer's election under its 2005 Long Term Incentive Compensation Plan (as amended) to require the satisfaction of tax withholding obligations to be funded by a "sell to cover" transaction and does not represent a discretionary trade by the reporting person.
- 4. 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.

/s/ Thomas V. Powers, 06/10/2019 attorney-in-fact for Mr. Goldstein

\*\* 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.