FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Check this box if no longer subject to	
Section 16. Form 4 or Form 5	
obligations may continue. See	
Instruction 1(b).	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	DVAL
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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* Goldstein Dan (Last) (First) (Middle) 400 WOOD ROAD					2. Issuer Name and Ticker or Trading Symbol HAEMONETICS CORP [HAE]											ck all applic Directo	able) r	p Person(s) to Issi		ner	
						3. Date of Earliest Transaction (Month/Day/Year) 04/08/2019										below)	(give title , Corpora	ite Co	Other (s below) ontroller	:ресіту	
(Street) BRAINT (City)			02184 (Zip)		4. 1	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 Form filed by More than One Reporting Person					
1. Title of Security (Instr. 3) 2. Trans						2A. Deemed Execution Date, if any (Month/Day/Year)		e, 3	3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			(A) or	5. Amour Securitie Beneficia Owned F	nt of s ally following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A (D) or	Price	Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)		
Common	Stock			04/08	8/201	9				M ⁽¹⁾		2,607	,	A	\$34.42	2 5,8	25 ⁽²⁾	D			
Common Stock				04/08/2019		.9				S ⁽¹⁾		2,607	,	D	\$88.93	3,2	3,218(2)		D		
Common Stock				04/08/2019		.9				S ⁽³⁾		210(3)		D	\$88.3	1 3,0	008(2)		D		
Common Stock (04/09	9/2019					S ⁽¹⁾		389		D	\$88.99	2,619 ⁽²⁾			D		
		-	Гable II -									osed of, onvertil				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	Date,	4. Transaction Code (Instr. 8)		of Der Sec Acq (A) Dis of (I	posed D) tr. 3, 4	Expi	6. Date Exercisal Expiration Date (Month/Day/Year			7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	e 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 Exer	e rcisable		Expiration Date	Title	0 N 0	Amount or Number of Shares						
Non- qualified Stock Option (Right to	\$34.42	04/08/2019			M ⁽¹⁾			2,607	04/0	06/2017 ⁽⁴	4) (14/06/2023	Comm Stoc		2,607	\$0	2,607		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 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,

04/10/2019 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.